

MOTOR VEHICLE APPEAL TO THE BOARD OF ASSESSMENT APPEALS

**CITY OF MILFORD,
CONNECTICUT**

No. _____
Date ____/____/____

To receive consideration all required information must be filled in completely.

Members of the Board: Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property.

Listed Owner: _____

Mailing Address of Owner: _____

INCLUDE ONLY REGISTERED MOTOR VEHICLES IN THIS APPEAL
PLEASE FILL IN REQUIRED INFORMATION BELOW

Description of vehicle:

Year: _____ **Make:** _____ **Model:** _____

Vehicle ID No. _____ **Marker** _____

Year acquired _____ **Vehicle cost** _____

Opinion of Fair Market Value _____

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LATEST ASSESSMENT INFORMATION

GRAND LIST _____

LIST NO. _____

ASSESSED VALUE _____

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Reason for Appeal

ATTACH ADDITIONAL SHEET IF REQUIRED

Upon reasonable notice, the undersigned agrees to appear before the Board of Assessment Appeals and answer, under oath, all further questions pertaining to the above appeal.

The undersigned, being duly sworn, deposes and says that the above statements and any statements made in conjunction with this appeal are true.

Signature Owner _____

Signature Agent _____

Sworn to before me this _____ day of _____, 20__

Member of Board of Assessment Appeals

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REPORT OF THE BOARD OF ASSESSMENT APPEALS

The undersigned members of the City of Milford Board of Assessment Appeals have considered this appeal and recommend the following:

October 1 Owner _____

Address _____

☐

Appeal Denied

☐

Appeal Granted

Motor Vehicles _____

Total reduction _____

Dated at Milford, Connecticut _____, 20__

APPROVED: BOARD OF ASSESSMENT APPEALS

_____	_____
_____	_____
_____	_____