

# APPLICATION TO THE STRATFORD BOARD OF ASSESSMENT APPEALS

## 2011 Grand List

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Pursuant to Section 12-111 C.G.S. as amended by Public Act 95-283, any person appealing the assessment of property must file an application with the Board of Assessment Appeals on or before **February 17, 2012**. Failure to return the completed application by the due date will result in the Board's dismissal of the appeal. **Please answer all questions.**

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**1. Property Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2. Appellant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**3. Correspondence should be directed to:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**4. Property Location:** \_\_\_\_\_ **Prop Id #:** \_\_\_\_\_

**Map/lot:** \_\_\_\_\_ **List # :** \_\_\_\_\_

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**5. Reason for Appeal:** (Please provide as much detail as possible. Attach additional sheets if necessary. Please note, assessments are based on market value as of **October 1, 2009**. Evidence should support value as of that date):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Appellant's Estimate of Market Value As of 10/1/09:**      \$ \_\_\_\_\_

**7. Basis for your determination of your stated 10/1/09 market value:** (Provide appraisals, listing of comparable sales, or other relevant information which supports your value estimate. Income producing properties should include income and expense statement for year including 10/1/09 assessment date).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete front and back of application before submitting**

**8. Sales History** (Complete if purchased since October 2009):

\* Original Acquisition Date: \_\_\_\_\_

\* Type of Transaction (please make check where appropriate):

Through Realtor: \_\_\_\_\_

From owner/seller: \_\_\_\_\_

Family transfer: \_\_\_\_\_

From Estate: \_\_\_\_\_

Family transfer: \_\_\_\_\_

Foreclosure: \_\_\_\_\_

Bank Sale: \_\_\_\_\_

Auction: \_\_\_\_\_

Other: \_\_\_\_\_

\* Any physical changes to property after purchase? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, explain and describe nature of changes:

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I, \_\_\_\_\_, signer of the foregoing application, swear that the information contained in this application for the revision of the assessment of the above described property is true.

\_\_\_\_\_  
Signature of Owner or authorized agent  
(For agent, attach letter of authorization)

\_\_\_\_\_  
Date

Please return completed application by 2/17/2012 to:

**Board of Assessment Appeals  
C/O Assessor's Office  
2725 Main St.  
Stratford, CT 06615**

A written notice informing you of the date and time of your appointment will be mailed by March 1, 2012.

All appointments will be held in the Stratford Assessor's Office, Room 105, 2725 Main St., Stratford CT 06615.

Questions or comments may be directed to the Assessor's Office (203) 385-4025.