Due to Covid 19 regulations, the application can be sent prior to 9-4-20 via:

1) Email completed form to: assessor@newfairfield.org
2) Mail completed form to Assessors office 4 Brush Hill Rd New Fairfield CT 06812
3) Place completed form in the drop box in back of town hall prior to 9-4-20

The form MUST be complete or you will not receive an appointment. A member of the board will call you for an appointment time to allow for covid safe distancing regulations. Be sure and include your number on the form.

Bring a copy of the form and documentation with you to your appointment.

You must wear a mask at all times while inside the building and observe all social distancing protocols.

Greg Manning
Chairman
Pursuant to P.A. 95-283 of the State of Connecticut, an application to appeal an Real Estate assessment must be filed no later than September 4<sup>th</sup>, 2020

Please attach a copy of current appraisal or comparable sales to justify your reason to appeal.

Application to Appeal - Grand List of October 1, 2019

### REAL ESTATE

- **Property Owners Name:** ____________________________
- **Appellant’s Name:** __________________________________
- **Property Location:** __________________________________
- **Property Type:** ______________________________________
- **Reason for Appeal:** _______________________________________________________________________  
- **Appellant’s Estimate of Value:** ____________________________________________________________

### MOTOR VEHICLE

- **Vehicle Owners Name:** ____________________________
- **Address:** _________________________________________
- **Year:** _____________________________ **Make:** ___________ **Model:** ______________
- **Mileage**: ___________________________ **Reason for Appeal:** __________________________ **Appellant’s estimate of value:** ________

Signature of property owner or duly authorized agent (attach evidence of authorization)

X ___________________________________________ Date: ______________________________

**Correspondence section must be completely filled out in order to be given a hearing**

- **Name:** ________________________________________________________________________________
- **Address:** __________________________ City________________________ State________
- **Phone Number:** __________________________ Email Address ________________________________

Board of Assessment Appeals has scheduled an appointment as follows:

**DATE:** ____________________ **TIME:** ______________ **LOCATION:** ______________________

**APPEAL SUMMARY**

**Assessments:** 2019 Grand List: ____________________________ Board of Assessment Appeals

- **Real Estate:** ____________________________
- **Motor Vehicle:** ____________________________
- **Personal Property:** ____________________________

X __________________________ X __________________________ X __________________________ X __________________________

Gregory B. Manning Edward Glanz Nicholas Biasetti

Appeals from the action of the Board of Assessment Appeals are to be filed with the Superior Court within (2) months of the Board’s action.