

Town of Canaan 108 Main Street P.O. Box 47 Falls Village, CT 06031-0047

Connecticut Tax Town 021

AN EQUAL OPPORTUNITY EMPLOYER, PROVIDER AND HOUSING ADVOCATE

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PETITION TO THE BOARD OF ASSESSMENT APPEALS

Must be received by Town Clerk by February 20, 2024

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 2023

PROPERTY OW	NER'S NAME:		
APPELLANT'S	NAME:		
PROPERTY LO	CATION:		
MAP/LOT:		ACCOUNT#	
REASON FOR APPEAL:			
APPELLANT'S	ESTIMATE OF VALUE:		
Name, address, E	EMAIL and phone number of	party to be sent corresp	ondence:
Signature of each (Attach proof of	n property owner or duly authorization)	prized agent	DATE
	All sections must be complet	ed in order to be given	a hearing.
THIS FORM N	MUST BE RECEIVED BY T	THE TOWN CLERK	BY FEBRUARY 20,2024
Date of			
Hearing:	Time:	Place	<u>:</u>

AGENT'S CERTIFICATION

To Whom It May Concern: I,	being the legal owner
of property located at	
hereby authorize	
to act as my agent in all matters before the Board of Assessment Appeals of	f the
Town of Canaan for the assessment year commencing October 1, 2023	
Signature	
DATE:	