



Telephone: 860 824-0707  
Kayla: Ext. 14  
Theresa: Ext. 15  
Fax: 860 824-4506  
e-Mail: [assessor@canaanfallsvillage.org](mailto:assessor@canaanfallsvillage.org)  
[assessorsclerk@canaanfallsvillage.org](mailto:assessorsclerk@canaanfallsvillage.org)

## PETITION TO THE BOARD OF ASSESSMENT APPEALS

*Must be received by Town Clerk by February 20, 2026*

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

### GRAND LIST OF OCTOBER 1, 2025

PROPERTY OWNER'S NAME: \_\_\_\_\_

APPELLANT'S NAME: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

MAP/LOT: \_\_\_\_\_

REASON FOR APPEAL: \_\_\_\_\_

APPELLANT'S ESTIMATE OF VALUE: \_\_\_\_\_

Name, address, EMAIL and phone number of party to be sent correspondence:

---

---

---

---

\_\_\_\_\_  
Signature of each property owner or duly authorized agent

\_\_\_\_\_  
DATE

All sections must be completed in order to be given a hearing.

**THIS FORM MUST BE RECEIVED BY THE TOWN CLERK BY February 20, 2026**

\_\_\_\_\_  
Date of

Hearing: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

## 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 the  
Town of Canaan for the assessment year commencing October 1, 2024

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_