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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: _____