



TOWN OF LITCHFIELD
BOARD ASSESSMENT APPEALS
 ASSESSMENT APPEAL FOR OCTOBER 1, 2025 GRAND LIST



APPEAL FORMS CAN BE EMAILED TO: HWHIPPLE@TOWNOFLITCHFIELD.ORG ,
 MAILED TO OUR PO BOX: P.O. BOX 488, LITCHFIELD, CT 06759
 OR
 DELIVERED IN PERSON: 74 WEST ST, LITCHFIELD, CT
(Must be filed on or before February 20th, 2026)

Property Owner(s) _____

Mailing Address _____

Telephone: Home () _____ **Cell** () _____ **Work** () _____

Property owner will be represented by: self _____ **agent** _____ (if by agent, must complete authorization form)

Description of property being appealed (location of real estate, year/make/model/marker number of motor vehicle)

Assessment Account Number: _____

2024 Supplemental Motor Vehicle: _____ RE: _____ PP: _____

Reason for the Appeal: _____

Please note: The single fact that your taxes or value increased will not support this appeal and will result in denial of the appeal.

Appellant's estimate of value of the property being appealed: Market _____ Assessment Value _____

AGENT AUTHORIZATION

I, _____ being the legal owner of said property, hereby give permission to _____

_____ to represent the owners in the assessment appeal on the above property.

OWNER'S SIGNATURE

OWNER SIGNATURE(S): _____ DATE: _____

NOTICE OF APPEAL HEARING DATE, TIME AND PLACE

An appeal hearing is to be held in Litchfield Town Hall, Break Room, 74 West St, Litchfield, CT 06759 on:

DATE: _____ TIME: _____ AM/PM