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

APPEAL FORMS CAN BE EMAILED TO: HWHIPPLE@TOWNOFLITCHFIELDCT.GOV
MAILED TO OUR P.O. BOX 488, LITCHFIELD, CT 06759
OR
DELIVERED IN PERSON: 74 WEST ST, LITCHFIELD, CT
(Must be filed on or before August 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 (year/make/model/marker number of motor vehicle)

_____

_____

Assessment Account Number: _____

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. ***The condition of the vehicle is no longer a factor and can not be used as an argument to lower the value of your vehicle.***

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

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