



**TOWN OF LITCHFIELD**  
**BOARD ASSESSMENT APPEALS**  
P.O. BOX 488, LITCHFIELD, CT 06759-0488

ASSESSMENT APPEAL FOR OCTOBER 1, 2023 GRAND LIST  
Appeals **MUST** be filed on or before March 20<sup>th</sup>, 2024

**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 if real estate, year/make/model/marker number if motor vehicle)**

**Assessment Account Number:** \_\_\_\_\_

For the GL of Oct.1, 2023. Real Estate \_\_\_\_ Personal Property \_\_\_\_ Motor Vehicle \_\_\_\_

**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, Assessor's Office, 74 West St, Litchfield, CT 06759 on:

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ AM/PM