BOARD OF ASSESSMENT APPEALS
TOWN OF SHERMAN
2025 GRAND LIST PROPERTY ASSESSMENT APPEAL FORM

Please note that this form must be completed in its entirety and be submitted to the Assessor's Office no later than March 20, 2026. Property owners with more than one property or vehicle MUST file a separate form for each account being appealed.

Property Owners' Name: _____

Name of Signer: *(if signer is not the owner)*_____

Property Owner will be represented by: Self_____ Agent_____
(If by Agent, the Authorization Form at the bottom of the page MUST be completed.)

Property Type Being Appealed: Real Estate_____ Motor Vehicle_____ Personal Property_____

Description of property being appealed (location if real estate, year/make/model/ if Motor vehicle, business name if Personal Property):

_____

Appellant's insured value of improvements (if real estate): _____

Appellant's 2025 estimated value: _____

Signature of Owner or Agent:

_____ _____
(Agent only if authorization form is completed below) *Date*

Name and address of person to who all notices and correspondence should be sent *(List one address only)*:

Name_____ Phone _____

Address_____

City, State, Zip Code _____

AGENTS AUTHORIZATION

Date: _____

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 Sherman, CT for the assessment year commencing October 1, 2025.

_____
Signature