

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF SPRAGUE, CT**

Must be filed by **MARCH 20, 2019**

*By authority of Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed*

GRAND LIST OF OCTOBER 1, 2018 OR MV SUPP 2017

* Property owner's name: _____

* Appellant's name: _____

* Property Location: _____
number and street

Map/Lot: _____

* Property type: _____
(residential, commercial, industrial, personal property, motor vehicles)

* Reason for appeal _____

*Appellant's estimate of value _____
(attach appraisal or other documentation of value, if applicable)

*Name, mailing address, and phone number of party to be sent correspondence:

* _____ * _____
Signature of property owner or duly Authorized agent (attach proof of authorization) Date

***SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.**

**THIS FORM MUST BE FILED BY MARCH 20th AND RETURNED TO:
Board of Assessment Appeals
Town of Sprague
PO Box 162
Baltic, CT 06330**

NOTICE OF HEARING APPOINTMENT FOR _____

Date _____ **Time** _____
Scheduled in 15 minute intervals

Location of hearing: Town Hall, 1 Main St, Sprague Connecticut