

To Be Filled Out By Petitioner:

**PETITION TO THE BOARD OF ASSESSMENT APPEALS**  
**MOTOR VEHICLE SUPPLEMENTAL**  
**TOWN OF EAST HAMPTON, CT**

*Must be filed by March 21<sup>st</sup> 2016*

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each motor vehicle appealed:

GRAND LIST OF OCTOBER 1, 2014

PROPERTY OWNER'S NAME: \_\_\_\_\_

APPELLANT'S NAME: \_\_\_\_\_

MOTOR VEHICLE INFORMATION: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

- Year: \_\_\_\_\_
- Make: \_\_\_\_\_
- Model: \_\_\_\_\_
- VIN: \_\_\_\_\_

REASON FOR APPEAL: \_\_\_\_\_  
\_\_\_\_\_

PETITIONER'S ESTIMATE OF VALUE: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Property Owner or Duly Authorized Agent*  
*(Attach proof of agent authorization)*

\_\_\_\_\_  
*Date*

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.**  
**(CALL ASSESSORS OFFICE IF FURTHER INFORMATION IS REQUIRED)**

THIS FORM MUST BE FILED BY March 21st AND RETURNED TO:

Town of East Hampton  
Board of Assessment Appeals

20 East High St. East Hampton, CT 06424

Phone: 860-267-9262 Please leave a message and your call will be returned promptly.

**Date of Hearing Information to be filed by the Board**

DATE OF HEARING: \_\_\_\_\_ TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

*For Board Use Only:*

## **Action Notice of the Board of Assessment Appeals**

Owner: \_\_\_\_\_ Property Address: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_ VIN: \_\_\_\_\_

Dear Appellant:

The Board of Assessment Appeals has carefully reviewed all information pertaining to your supplemental motor vehicle assessment. Below is the determination of the Board:

For Grand List of: 2014

Your application was granted on \_\_\_\_\_ (action date)

Your application was denied on \_\_\_\_\_ (action date)

	<u>Old Assessment</u>	<u>New Assessment</u>		
Motor Vehicle	_____	_____		
_____		Granted	Denied	Abstained
<i>Gil Danaher, Chairman</i>				
_____		Granted	Denied	Abstained
<i>Linda May</i>				
_____		Granted	Denied	Abstained
<i>Linda Ursin</i>				

Appeals from the action of the Board of Assessment Appeals are to be filed with the Superior Court within two (2) months from the date of the mailing of this notice of the Board's action.

Respectfully,

*Board of Assessment Appeals*