

**FORM - BAA**

**PETITION TO THE BOARD OF ASSESSMENT APPEALS  
TOWN OF CANTON, CONNECTICUT**

*Must be filed by February 20<sup>th</sup> annually*

**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, \_\_\_\_\_**

**\*Property Owner's Name:** \_\_\_\_\_

**\*Appellant's Name:** \_\_\_\_\_

**\*Property Location:** \_\_\_\_\_

(number and street)

**Map/Block/Lot (if available):** \_\_\_\_\_

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

\_\_\_\_\_  
**\*Reason for appeal:** \_\_\_\_\_

\_\_\_\_\_  
**\*Appellant's estimate of value:** \_\_\_\_\_

(attach 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 evidence of authorization)

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

**\*MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING\***

**THIS FORM MUST BE COMPLETED AND RECEIVED BY FEBRUARY 20th FOLLOWING  
THE GRAND LIST DATE. COMPLETED FORMS MUST BE RETURNED TO:**

**Board of Assessment Appeals  
Town of Canton  
P.O. Box 168, Collinsville, CT 06022**