

**FORM - BAA**

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

*Must be filed by August 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: \_\_\_\_\_

\*Address: \_\_\_\_\_

\* Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_ Style: \_\_\_\_\_

\*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 AUGUST 20<sup>th</sup> 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**