

FORM - BAA

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

Must be filed by February 20th 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, 2022 _____

***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**