

PETITION TO THE BOARD OF ASSESSMENT APPEALS

TOWN OF SEYMOUR, CONNECTICUT

Per State of Connecticut General Statute 12-111

Please print or type the following information about each property appealed

Grand List of October 1, 2025

Property Owner's Name(s): _____

Appellant's Name: _____

Property Location: _____

Number and Street (unit number if applicable)

Type of Property: ☐ Real Estate ☐ Personal Property ☐ Motor Vehicle

Reason for Appeal: _____

Appellant's Estimate of Appraised Value (100%): _____

Estimate of Assessed Value (70%) of above: _____

(real estate values must be as of October 1, 2024 – attach documentation, if applicable)

Name, Mailing Address and Phone Number of Party to be sent Correspondence:

Signature of property owner or authorized agent
(attach written evidence of authorization)

Date

**THIS FORM MUST BE COMPLETED AND RECEIVED PHYSICALLY IN THE ASSESSOR'S
OFFICE BY FEBRUARY 20, 2025.**

**IF ALL INFORMATION IS NOT PROVIDED, THIS PETITION WILL BE CONSIDERED
INCOMPLETE AND WILL BE DISQUALIFIED.**

RETURN TO:
BOARD OF ASSESSMENT APPEALS
C/O ASSESSOR'S OFFICE
1 FIRST STREET
SEYMOUR, CT 06483

FOR OFFICE USE ONLY:
DATE: _____
TIME: _____