

Motor Vehicle Petition

Appeal # _____

Petition to the BOARD OF ASSESSMENT APPEALS Town of South Windsor

By the 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, _____.

List # _____

Property Owner: _____

Address: _____

Property Type:

Motor Vehicle

Year:		Year:	
Make/Model:		Make/Model:	
Vin. #		Vin. #	

Reason for Appeal: _____

* Appellant's Estimate of Value: _____
(attach supporting documentation if applicable)

* Name, mailing address, phone number of party to be sent correspondences:

Signature of property owner/agent

Date

* ALL SECTIONS MUST BE COMPLETED IN ORDER TO QUALIFY FOR HEARING

This form must be filed with and returned to the assessor's office on or before February 20th (March 20th if extension)

Town of South Windsor
Board of Assessment Appeals
C/o Assessor's Office
1540 Sullivan Ave., South Windsor CT 06074

Your appeal date is set for:

Place:	ASSESSOR'S OFFICE
Date:	
Time:	

X _____
Signature of Board Member Date

X _____
Signature of Board Member Date