

PETITION TO THE BOARD OF ASSESSMENT APPEALS



Town of Lebanon, Connecticut

Must be filed on or before February 20TH

By authority of §12-111 and §12-117, 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: _____ Telephone No. _____

* Property Location: _____
(Number and Street)

* Map & Lot: _____

* 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 Proof of Authorization) Date

*** SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.**

THIS FORM MUST BE FILED IN THE ASSESSOR'S OFFICE BY **FEBRUARY 20TH**

RETURN TO:
**Board of Assessment Appeals
Lebanon Assessor's Office
579 Exeter Rd.
Lebanon, CT 06249
Phone: 860-642-6141 Fax: 860-642-7716**