

PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF SOUTHLINGTON, CONNECTICUT

Supplemental Motor Vehicle Appeal

Must be filed by March 20, 2012

The Board of Assessment Appeals requires the attachment of the PAID tax bill on any motor vehicle assessment appeal. Connecticut General Statutes (CGS) §12-113 requires that any appeal must be presented in person (by owner or agent) during a regular session of the Board of Assessment Appeals. Regular sessions are held in April for Real Estate, Personal Property, and Supplemental Motor Vehicle appeals. September sessions are for *Regular* Motor Vehicle (billed in July) only. Each case will be heard individually, reviewed, and the owner will be notified of any action taken. You must bring the vehicle to the hearing or make arrangements for it to be inspected.

Appealing:

Motor Vehicle List Number: _____

Owners Name _____

Mailing _____

Address _____

Telephone #: _____

Agent's Name (see authorization on reverse side)_____

Mailing _____

Address _____

Telephone #: _____

Property Description:

Motor Vehicle Year _____ Make _____ Model _____

Vehicle Identification Number (VIN) _____

Date Acquired _____ Mileage _____

Owner's Estimate of Value _____

Complaint (be specific): _____

I do declare under the penalty of perjury that the above statements are true to the best of my knowledge and belief.

Date: _____
Owner/Agent

TO THE BOARD OF ASSESSMENT APPEALS OF THE TOWN OF SOUTHINGTON

I, _____, being the legal owner of the following

vehicle _____ hereby authorize

_____ to act as my agent in all matters before the Board of Assessment

Appeals of the Town of Southington.

Vehicle Owner (signature) _____ Date: _____

(Do Not Write Below This Line)

Board of Assessment Appeal Notes: _____

Pursuant to the provisions of CGS §12-111, you are hereby notified that the Board of assessment appeals has reviewed the assessment of your motor vehicle and has acted as shown below:

Remarks of the Board:

At a meeting of the Board of Assessment Appeals held _____ the following action was taken:

Dismissed: _____ Granted: _____

Assessment adjusted as follows:

Motor Vehicle List # _____

From: _____ To: _____

Attest:

_____ Chairman

