

**REAL ESTATE APPEAL TO THE BOARD OF ASSESSMENT
APPEALS
FAIRFIELD, CONNECTICUT**

No.

Date: _____

Members of the Board: Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property:

A.

Listed Property Owner _____ Map _____ Lot _____

Appellant's Name, if different _____

Street Location of Property _____

Mailing address of owner or agent (if different) _____

Contact Phone No. _____ Email _____

B. CHECK BOX & COMPLETE APPROPRIATE SECTION

RESIDENTIAL

Property Description _____

Number of families _____ Building age _____ Year purchased _____

Purchase price if less than 5 years _____

Construction cost, if new _____

VACANT LAND ONLY

Year purchased _____ Total purchase price _____

Condition of land _____

COMMERCIAL OR INDUSTRIAL

Property Description _____

Number of stores _____ Number of units _____ Building Age _____

Year purchased _____ Total purchase price _____

Construction cost, if new _____

If leased, state whether gross lease or net lease _____

Submit copies of current and prior year's operating statements.

C. LATEST ASSESSMENT INFORMATION FROM “APPRAISED VALUE” COLUMN ON FIELD CARD

Property Type	Town’s 10/1/2015 Appraised Value (100%)	Owners Requested 10/1/2015 Appraised Value (100%)	Owners Requested Reduction
Land <i>(100% Value)</i>			
Buildings <i>(100% Value)</i>			
Other <i>(100% Value)</i>			
Total Appraised Value <i>(100% Value)</i>			

D. Reason for appeal

(Attach additional sheet if necessary)

E. Upon reasonable notice, the undersigned agrees to appear or have an agent appear before the Board of Assessment appeals and answer, under oath, all further questions pertaining to the above appeal. The undersigned will receive written notification by the Assessor’s Office via US Mail of the date, time and place of hearing at the owner or agent mailing address provided on this form.

Signature (owner or agent) _____ Date _____

Board of Assessment Appeals Use Only

The undersigned, being duly sworn, deposed and says that the above statements and any statements made in conjunction with this appeal are true.

Signature (owner or agent) _____

Sworn to before me this _____ day of _____ 20_____

Member of Board of Assessment Appeals

Map _____ /Lot _____

REPORT OF THE BOARD OF ASSESSMENT APPEALS

The undersigned members of the town of Fairfield Board of Assessment Appeals have considered this appeal and recommend the following:

Appeal Denied	Appeal Granted (at 100% market value)

Property Type	Town's Present Appraised Value	BAA Changed Appraised Value
Land <i>(100% Value)</i>		
Buildings <i>(100% Value)</i>		
Other <i>(100% Value)</i>		
Total Appraised Value <i>(100% Value)</i>		

Dated at Fairfield Connecticut _____ 20__

APPROVED – BOARD OF ASSESSMENT APPEALS

