

# PETITION TO THE BOARD OF ASSESSMENT APPEALS TOWN OF BROOKLYN, CONNECTICUT

Pursuant to Sec. 12-111 and 12-117 of the Connecticut General Statutes,  
 a written application to appeal an assessment must be filed with the Board of Assessment Appeals.

**This application must be filled out  
 completely including an estimate of value**

**MUST BE FILED BY FEBRUARY 20<sup>TH</sup>,  
 2024**

**Mail application to:**  
 Board of Assessment Appeals  
 C/O Assessor's Office  
 PO Box 356  
 4 Wolf Den Rd.  
 Brooklyn, CT 06234

<b>Property Owner</b> Name _____ Mailing Address _____ City/State/Zip _____ Phone# _____ email _____ * <b>Property owner will be represented by</b> <input type="checkbox"/> self <input type="checkbox"/> agent (If agent, owner <b>must complete authorization form on next page</b> )	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Grand List of 2023</b></td> <td style="width: 40%;">List # _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Property Description</b></td> </tr> <tr> <td colspan="2">Location _____</td> </tr> <tr> <td colspan="2">Map/Lot _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Property Type</b></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Residential                      <input type="checkbox"/> Commercial  <input type="checkbox"/> Personal Property            <input type="checkbox"/> Motor Vehicle         </td> </tr> </table>	<b>Grand List of 2023</b>	List # _____	<b>Property Description</b>		Location _____		Map/Lot _____		<b>Property Type</b>		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Personal Property <input type="checkbox"/> Motor Vehicle	
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<b>Appellant</b> Name _____ Address _____ City/State/Zip _____ Phone # _____ Email _____	<b>Reason for Appeal</b> _____ _____ _____ _____												
<b>Correspondence &amp; Contact (if different from Owner)</b> Name _____ Address _____ City/State/Zip _____ Email _____	<b>Appellant's Estimate of Value</b> <b>(real estate value is based on 10/1/2020 Revaluation)</b> _____ <b>(attach documentation of value)</b>												
<b>Signature of owner(s) or duly authorized agent (attach evidence of agent authorization on next page).</b>  <b>X</b>	<b>Date</b>												
<b>X</b>													

**TO BE COMPLETED IF APPEALED BY AGENT**

**AGENT AUTHORIZATION FORM**

**Town Brooklyn Board of Assessment Appeals**

C/O Assessor's Office

PO Box 356

4 Wolf Den Rd.

Brooklyn, CT 06234

I (we), \_\_\_\_\_

being the legal owner(s) of property located at \_\_\_\_\_

hereby authorize \_\_\_\_\_

to act as my/our agent in all matters before the Board of Assessment Appeals of the Town of Brooklyn Connecticut for the assessment year comencing October 1<sup>st</sup>, 2023.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_