PETITION TO THE BOARD OF ASSESSMENT APPEALS
Town of Brooklyn
Must be filed by February 20th annually

By 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, 202_

Property owner’s name_____________________________________
Appellant’s name___________________________________________

Property Location___________________________________________
(residential, commercial, industrial, personal property, motor vehicle)

Reason for Appeal___________________________________________

Appellant’s estimate of value:_______________________________
(attach documentation of value)

Name, mailing address and phone number of party to be sent correspondence:

_____________________________________________________

Signature of property owner or duly authorized agent.
(attach proof of authorization)

ALL SECTIONS MUST BE COMPLETED IN ORDER TO GET A HEARING. This form must be filed by February 20th and returned to:
BOARD OF ASSESSMENT APPEALS
TOWN OF BROOKLYN
P O BOX 356
BROOKLYN, CT 06234