

PETITION TO THE
BOARD OF ASSESSMENT APPEALS

City of Derby
Must be filed by February 20, 2025

By the 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 1, 2024

PROPERTY OWNERS NAME: _____

APPELLANT'S NAME: _____

PROPERTY LOCATION: _____

MAP/LOT: _____ **ACCOUNT NUMBER:** _____

PROPERTY TYPE: _____

REASON FOR APPEAL: _____

APPELLANT'S ESTIMATE OF VALE (PLEASE ATTACH ANY SUPPORTING DOCUMENTATION): _____

NAME, ADDRESS, EMAIL AND PHONE NUMBER OF PARTY TO BE SENT CORRESPONDENCE:

**SIGNATURE of Property Owner or
Duly Authorized Agent
(Attach proof of authorization)**

DATE

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.
(CALL ASSESSOR'S OFFICE IF FURTHER INFORMATION IS REQUIRED)**

THIS FORM MUST BE FILED BY FEBRUARY 20, 2025 AND RETURNED TO:

Board of Assessment Appeals, City of Derby
1 Elizabeth St.
Derby, CT 06418

DATE OF HEARING: _____ **TIME:** _____