

**PETITION TO THE**  
**BOARD OF ASSESSMENT APPEALS**  
**CITY OF DERBY**  
*Must be filed by February 20<sup>th</sup>*

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, 2023**

**PROPERTY OWNERS NAME:** \_\_\_\_\_

**APPELLANT'S NAME:** \_\_\_\_\_

**PROPERTY LOCATION:** \_\_\_\_\_

**MAP/LOT:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**PROPERTY TYPE:** \_\_\_\_\_

**REASON FOR APPEAL:** \_\_\_\_\_

**APPELLANT'S ESTIMATE OF VALUE (PLEASE ATTACH ANY SUPPORTING DOCUMENTATION):** \_\_\_\_\_

**Name, Address, Phone number, and Email 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<sup>TH</sup> 2024 AND RETURNED TO:**

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

\_\_\_\_\_  
**DATE OF HEARING:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **PLACE:** \_\_\_\_\_