

**TOWN OF GOSHEN  
CONNECTICUT**  
Property Assessment Appeal  
Request for Hearing before the Board of Assessment Appeals

Property Owner(s) \_\_\_\_\_

Name of Signer (if Signer is different from owner) \_\_\_\_\_

Position of signer (if signer is different from owner) \_\_\_\_\_

Property Owner will be represented by: self \_\_\_\_\_ agent \_\_\_\_\_

(If by agent, must complete Agent's Certification form)

Name and Address of person to whom all notices and correspondence should be sent (list one address only):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Type of property being appealed: Real Estate\_\_\_ Motor Vehicle\_\_\_ Personal Property\_\_\_

Description of property being appealed (location if real estate, year/make/model/marker number if motor vehicle)

\_\_\_\_\_

Reason for appeal \_\_\_\_\_

Appellant's estimate of the value of the property being appealed \_\_\_\_\_

*Hearings will be scheduled on Friday evening and/or Saturday morning.  
You will be notified by mail of your hearing date, time and location at least seven days prior to your hearing.*

Signature of Owner or Agent (Agent only if authorization form is completed)

\_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY AND RECEIVED BY THE BOARD OF ASSESSMENT APPEALS NO LATER THAN FEBRUARY 20th. PROPERTY OWNERS APPEALING MORE THAN ONE PROPERTY OR MOTOR VEHICLE MUST FILE A SEPARATE FORM FOR EACH ACCOUNT BEING APPEALED.  
BOARD OF ASSESSMENT APPEALS 860-491-2115**

Please return to: Board of Assessment Appeals  
Town of Goshen  
42A North Street  
Goshen, CT 06756