

TOWN OF GOSHEN
Property Assessment Appeal
MOTOR VEHICLE
Request for SEPTEMBER Hearing before the Board of Assessment Appeals

Property Owner(s) _____

Property Owner will be represented by: self _____ agent _____
(If by agent, must complete Agent's Certification below)

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: Motor Vehicle – October 1, _____ Grand List

Description of property being appealed (year/make/model/marker number):

Reason for appeal _____

Appellant's estimate of the value of the property being appealed _____

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

_____ Date _____

AGENT'S CERTIFICATION

To Whom It May Concern:

I, _____ being the legal owner of this motor vehicle, hereby authorize _____ to act as my agent in all matters before the Board of Assessment Appeals of the Town of Goshen.

(Signed) _____ Date _____

<p>PLEASE COMPLETE THE ABOVE FORM AND BRING IT WITH YOU TO THE HEARING. PROPERTY OWNERS APPEALING MORE THAN ONE MOTOR VEHICLE MUST FILE A SEPARATE FORM FOR EACH ACCOUNT BEING APPEALED. Phone: 860-491-2115 Tues. & Wed.</p>
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