

Motor Vehicle

APPLICATION TO THE BOLTON BOARD OF ASSESSMENT APPEALS
20__ Grand List

Please answer all questions.

1. Property Owner's Name: _____ Phone: _____

2. Appellant's Name: _____ Phone: _____

3. Correspondence should be directed to:

Name: _____

Address: _____

City/State/Zip: _____ Fax: _____

4. Property Description: Make: _____ Model: _____ VIN #: _____

Year of Vehicle: _____ Mileage: _____

Registration # _____ List #: _____

6. Reason for Appeal: (Attach additional pages if necessary)

7. Appellant's Estimate of Market Value As of 10/1/___ \$ _____

20__ Grand List assessment : \$ _____

8. Basis for your determination of your stated market value: (Provide information such as mileage, condition, accident history, etc. which support your determination of market value as of the corresponding assessment date).

Signature of Owner or authorized agent
(For agent, attach letter of authorization)

Date

Return to: The Town of Bolton, Board of Assessment Appeals, C/O Assessor's Office, 222 Bolton Center Rd., Bolton, CT 06043

Date, time, and place of hearing _____
Appeal # _____ Acct.# _____ Street code _____