



TOWN OF WATERTOWN, CONNECTICUT

Town Hall, 37 DeForest Street
Watertown, Connecticut 06795-2200

Board of Assessment Appeals, (860) 945-5235 FAX (860) 945-4741

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE YOUR HEARING

- Those who are appealing Personal Property values ***must*** provide any and all books and documents including:
 - Your Federal Tax returns from 2011, 2012 and 2013 including forms 4562 and Schedule L. You must be able to substantiate what assets your business has.
- Please remember that the Board has the statutory authority to ***increase or decrease*** values.
- If you do not plan to attend the hearing yourself, you may designate someone to act on your behalf, but you must give them written permission. The hearing must be denied if this written statement is not presented.

NO CHANGES CAN BE MADE TO YOUR ACCOUNT WITHOUT THE REQUIRED DOCUMENTATION

ON THE EVENING OF YOUR HEARING:

- Please sign in, and wait for your name to be called.
- A Board of Assessment Appeals member will hear your appeal and will take your appraisal, or whatever documentation you may have.
- You will be notified of the results of the hearing within ten days.
- If the BAA reduces the assessment on your Personal Property, the upcoming July bill will be adjusted.

PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF WATERTOWN

PERSONAL PROPERTY

MUST BE FILED IN THE ASSESSOR'S OFFICE BY FEBRUARY 20, 2015

By the authority of Connecticut General Statutes 12-111, 12-53,12-114

Please print or type all of the information below

GRAND LIST OF OCTOBER 1, 2014

Property Owner's Name: _____

Property Address: _____

PARCEL ID#: _____

Phone Number: HOME: _____ CELL: _____

TOWN'S CURRENT ASSESSMENT: _____

APPELLANTS ESTIMATE OF VALUE: _____

Description of Property that is the subject of this appeal: _____

Reason for Appeal: _____

You must provide IRS forms, accounting records, and other relevant documents at the time of your hearing.

The undersigned agrees to appear before the Board of Assessment Appeals and answer, under oath, all further questions pertaining to the property referenced above. Date and Time of the appointment will be provided to the property owner by March 1, 2015.

Signature of Property Owner of Duly Authorized Agent: _____

Name and position of signer: _____ (Attach proof of authorization)

Mailing Address: _____ (To which all notices should be sent)

Date: _____, 2015

THIS FORM MUST BE COMPLETED ENTIRELY AND RECEIVED IN THE ASSESSOR'S OFFICE BY
FEBRUARY 20, 2015 5pm IN ORDER TO BE GIVEN A HEARING DATE.

No fax or scanned copies may be accepted. Postmarked envelopes cannot be accepted

COMPLETED FORMS MUST BE RETURNED TO:
BOARD OF ASSESSMENT APPEALS, TOWN OF WATERTOWN
37 DEFOREST ST, WATERTOWN, CT 06795
860-945-5235

DATE & TIME OF HEARING: _____