

**TOWN OF COLEBROOK**  
**APPLICATION FOR ASSESSMENT APPEAL**

**2017 GL Motor Vehicle**  
**or 2016 SMV Motor Vehicle**

Name of Owner(s): \_\_\_\_\_  
(Please Print)

Name of Authorized Agent: (if applicable) \_\_\_\_\_  
(If representation by an Agent, the Certification on the back of this form must be completed.)

Name and Address where notices and correspondence should be sent: (One person/address only)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_ email: \_\_\_\_\_

Town, State & Zip: \_\_\_\_\_

Description of Motor Vehicle Being Appealed: (Please provide the year, make, model and marker number):

\_\_\_\_\_  
\_\_\_\_\_

Reason for the Appeal: (Please provide written documentation supporting your claim) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Appellant's Estimate of the Value: \_\_\_\_\_

Please note the motor vehicle or supporting documentation should be made available at your hearing.

➤ Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be completed in its entirety. Owners appealing more than one motor vehicle should file a separate application form for each vehicle. Please type or print legibly. Completed forms should be returned to:

**TOWN OF COLEBROOK**  
**Board of Assessment Appeals**  
**c/o Assessor's Office**  
**562 Colebrook Rd., PO Box #5**  
**Colebrook, CT 06021**

For questions or additional information, please contact the Assessor's Office at 860-379-3359 ext. 206 or by email to [msloane@colebrooktownhall.org](mailto:msloane@colebrooktownhall.org).

**OWNER'S CERTIFICATION OF AGENT**

I, \_\_\_\_\_, being the legal owner of the above motor vehicle  
(Owner's Name)

\_\_\_\_\_ hereby authorizes \_\_\_\_\_  
(Agent's Name Printed)

to act as my Agent in all matters before the Board of Assessment Appeals for this most  
recent Grand List year.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_