

Town of Colebrook Board of Assessment Appeals

APPLICATION FOR ASSESSMENT APPEAL

Grand List of October 1, 2024

Appeal hearing will be held on September 10, 2025 from 5:00 to 6:00.

Property Owner's Name:		
Name and mailing address to which all correspondence should	be sent (list one address only):	
Name:	Telephone:	
Street:	Email:	
Town, State & Zip:		
Description of Property Being Appealed (year, make, model, VIN, and license plate number):		
Reason for Appeal (Please provide written documentation supporting your claim):		
* * * * * * * * * *		
Owner's Estimate of Assessed Value* of the Property Being Ap	pealed:	
*Assessed value equals seventy percent (70%) of depreciated MSRP pursuant to CGS 12-63.		
Signature of Property Owner or Duly Authorized	Agent [Date
OMMEDIA OFFICIATIO	N OF A OFNIT	
OWNER'S CERTIFICATIO	N OF AGENT	
I, being the legal property ov	/ner located at	,
Hereby authorize to act as agent in all matters before the Board of		rd of
Assessment Appeals of the Town of Colebrook for the current Gran	d List year.	
Signature of Owner	Da	ate

Please note: This form must be completed in its entirety. Property owners owning more than one motor vehicle must file a separate application form for each property assessment being appealed. Please type or print legibly. Completed form with original signatures must be returned to:

Town of Colebrook Board of Assessment Appeals c/o Assessor's Office PO Box 5 Colebrook, CT 06021-0005

For questions or additional information, please contact the Assessor's Office at 860-379-3359 x206 or email assessor@colebrooktownhall.org.