Town of Colebrook
Board of Assessment Appeals

APPLICATION FOR ASSESSMENT APPEAL

Grand List of October 1, 2025

Appeal hearing will be held on September 23, 2026 from 5:00 to 5:30 p.m.

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 Appealed (*required by CGS 12-111*): _____

*Assessed value equals seventy percent (70%) of fair market value.

_____ _____

Signature of Property Owner or Duly Authorized Agent **Date**

OWNER'S CERTIFICATION OF AGENT

I, _____ being the legal property owner located at _____ ,

Hereby authorize _____ to act as agent in all matters before the Board of Assessment Appeals of the Town of Colebrook for the current Grand List year.

_____ _____

Signature of Owner Date

Please note: **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. Return completed forms with original signatures 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.