

**PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
TOWN OF SPRAGUE, CT**

Must be filed by **FEBRUARY 20, 2017**

*By authority of Public Act 95-283, of the State of Connecticut  
Please print or type the following information about each property appealed*

**GRAND LIST OF OCTOBER 1, 2016**

\* Property owner's name: \_\_\_\_\_

\* Appellant's name: \_\_\_\_\_

\* Property Location: \_\_\_\_\_  
number and street

Map/Lot: \_\_\_\_\_

\* Property type: \_\_\_\_\_  
(residential, commercial, industrial, personal property, motor vehicles)

\* Reason for appeal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Appellant's estimate of value \_\_\_\_\_  
(attach appraisal or other documentation of value, if applicable)

\*Name, mailing address, and phone number of party to be sent correspondence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_\_\_ \* \_\_\_\_\_  
Signature of property owner or duly Authorized agent (attach proof of authorization) Date

***\*SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.***

**THIS FORM MUST BE FILED BY FEBRUARY 20th AND RETURNED TO:  
Board of Assessment Appeals  
Town of Sprague  
PO Box 162  
Baltic, CT 06330**

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**NOTICE OF HEARING APPOINTMENT FOR** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_  
Scheduled in 15 minute intervals

**Location of hearing: Town Hall, 1 Main St, Sprague Connecticut**