APPEAL #\_\_\_\_\_\_\_\_

TOWN OF HEBRON

# APPLICATION TO: BOARD OF ASSESSMENT APPEALS

REGULAR LIST OF OCTOBER 1, 20\_\_\_

Supplemental Motor Vehicle List of 20\_\_\_

INSTRUCTIONS: i) Please print or write clearly and answer **ALL questions**.

1. A separate form must be filed for each parcel or account.
2. Form **MUST** be signed.

TYPE OF PETITION: REAL ESTATE ( ) PERSONAL PROPERTY ( ) MOTOR VEHICLE ( )

1. OWNER OF RECORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT#\_\_\_\_\_\_\_\_\_\_\_\_

2. PROPERTY LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FOR VEHICLES) YEAR:\_\_\_\_\_\_\_\_\_\_ MAKE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VEHICLE ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PETITIONER’S NAME :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO OWNER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MAILING ADDRESS & PHONE NUMBER OF PETITIONER:

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

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

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1. WHAT IS YOUR OPINION OF THE **MARKET VALUE** FOR THE PROPERTY YOU ARE APPEALING?
2. PERSON TO CALL TO ARRANGE FOR INSPECTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. USE THE SPACE BELOW TO STATE YOUR REASON(S) FOR CLAIMING TO BE AGGRIEVED BY THE DOINGS OF THE ASSESSOR. YOU MAY ATTACH ADDITIONAL SHEETS AND/OR OTHER MATERIALS YOU WOULD LIKE THE BOARD TO CONSIDER. (IMPORTANT! All submitted materials, unless specifically exempted by law, are subject to public disclosure.)

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I do hereby declare under penalty of false statement that the above statement, according to the best of my knowledge, remembrance and belief, is a true statement.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petitioner’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_