



**INSTRUCTIONS AND FORM FOR FILING A PETITION TO  
TO THE BOARD OF ASSESSMENT APPEALS  
FAIRFIELD, CT**

**NOTE: ALL parts of your petition form MUST BE COMPLETED. Each property being appealed must have a SEPARATE application.**

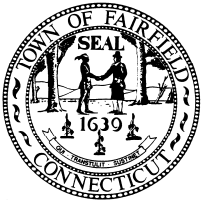
**Instructions**

1. Obtain a copy of your [Property Record Card](#).
2. Complete the Petition Form as follows:
  - i. **PROPERTY INFORMATION** from information on the property record card. If a commercial property, list the property owner's name and title.
  - ii. **CONTACT INFORMATION** – All Correspondence will be sent here. Include mailing address, phone number and email address for any notifications related to this appeal. There may be last minute changes due to weather or other rescheduling needs so it's important to complete this information legibly and accurately. Please include a daytime phone number.
  - iii. **STATEMENT OF VALUE** Your opinion of the Fair Market Value (Appraised Value) of the property **THIS IS REQUIRED**. The Board will use this value when considering your request. Please also include the Town's 'Current Appraised Value' from the Property Card.
  - iv. **REASON FOR APPEAL** a brief succinct reason for appealing. "High taxes" or "over assessed" are not acceptable reasons. *You must be specific.*
  - v. **SIGNATURE** Print the form, sign, and date. Only the property owner or the duly authorized agent can sign. If using an agent, an [affidavit](#) must be supplied.
3. Prepare any supporting documentation to support your appeal. Helpful hints can be found on the [Assessment Appeals](#) web page.
4. Make a copy of *all documents* to bring with you to your hearing. Documents you supply become public information and will not be returned.
5. Submit the original signed form, property record card, supporting documentation and affidavit if using a duly authorized agent, to the Assessor's Office. Per State Statute, the form and card **MUST BE COMPLETED AND PHYSICALLY IN THE ASSESSOR'S OFFICE BY FEBRUARY 20, 2024.** **POSTMARK DATES ARE NOT RELEVANT.**

Hand deliver or mail to: Fairfield Board of Assessment Appeals  
c/o Assessor's Office  
611 Old Post Road  
Fairfield, CT 06824

6. The Board will notify the contact provided on this form of the date, time, and place of the hearing by March 1<sup>st</sup>. Hearing schedules will also be posted on the Town website.

*Information on the Appeals Process can be found on the Town's [Assessment Appeals](#) web page.*



**APPLICATION TO THE FAIRFIELD CT  
BOARD OF ASSESSMENT APPEALS  
2023 Grand List**

No. \_\_\_\_\_

Pursuant to Section 12-111 C.G.S. as amended by Public Act 95-283, any person appealing the assessment of property must file an application with the Board of Assessment Appeals on or before 4:30 pm **February 20, 2024**. This is a received by date not a postmark date. Digital Submissions (email or fax) are not accepted. Failure to return the completed application **completed, signed and received** by the due date will result in the Board's dismissal of the appeal.

**A separate application must be filed for each type of property and each piece of property you are appealing.**

**PROPERTY INFORMATION:**

Property Type (circle): ●RESIDENTIAL ●COMMERCIAL ●VACANT LAND ●PERSONAL PROPERTY ●MOTOR VEHICLE

**Property Owners Name:** \_\_\_\_\_

Property Location: \_\_\_\_\_

Property Unique ID: \_\_\_\_\_

**Property Description:** \_\_\_\_\_

**CONTACT INFORMATION:** (to be used for ALL correspondence)

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

**STATEMENT OF VALUE:** (use appraised/market value, not assessed value)

**\*REAL ESTATE MARKET VALUES ARE AS OF OCT 1, 2020\***

**Appellant's Opinion of Fair MARKET Value:** \$ \_\_\_\_\_ Town's Value: \$ \_\_\_\_\_

PREFERRED APPOINTMENT TIME: (Circle one time slot): 10 am to 1pm or 4:30pm to 8:30 pm

**REASON FOR APPEAL:**

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

**SIGNATURE:**

I, \_\_\_\_\_, signer of the foregoing application, swear that the information contained in this application for the revision of the assessment of the above described property is true.

**Applicant signature** \_\_\_\_\_ **Position of Signer** (Owner, Partner etc) \_\_\_\_\_ **Date** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

(If agent, attach original Agency Agreement or Power of Attorney.)

**Highlighted items are required to be completed per CGS 12-111**