

OXFORD, CT.  
BOARD OF ASSESSMENT APPEALS  
PROPERTY ASSESSMENT APPEAL APPLICATION 2023 GRAND LIST  
In accordance with Connecticut General Statutes §12-111 - Amended PA 95-283

COMPLETED FORMS MUST BE RETURNED NO LATER THAN FEBRUARY 20, 2024, 5:00 PM OR  
POSTMARKED NO LATER THAN FEBRUARY 20, 2024. NO APPEAL WILL BE CONSIDERED UNLESS A  
WRITTEN APPLICATION IS FILED AND RETURNED TO THE BOARD OF ASSESSMENT APPEALS, 486 OXFORD  
ROAD, OXFORD, CT 06478.

Complete one form for each property account being appealed.

Property Owner(s): \_\_\_\_\_

Position of the Signer:            Owner \_\_\_\_\_ Agent \_\_\_\_\_

\*If an agent is representing, the property owner must complete Authorization. (Reverse side)

REQUIRED - Name of Person and Address to which all notices and correspondence will be sent (list only  
one):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Description of Property being Appealed

Real Estate:      Address \_\_\_\_\_

Residential / Commercial / Industrial (circle one)

Personal Property:      Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

Motor Vehicle (2022) Supplemental:      Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate NO: \_\_\_\_\_

Reason for the Appeal:

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

Appellant's estimate of the value of the property being appealed: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of owner or Agent

\_\_\_\_\_  
Date Appeal signed

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For Office Use Only:      Date: \_\_\_\_\_      Time: \_\_\_\_\_

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I/We \_\_\_\_\_, being the legal owner(s) of \_\_\_\_\_,  
hereby authorize \_\_\_\_\_ to act as my Agent in all matters before  
the board of Assessment Appeals of Oxford, CT.

Property Owner: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Please retain a date stamped copy of this application, it will serve as entry to your assigned  
appointment.

For Office Use Only:      Date: \_\_\_\_\_      Time: \_\_\_\_\_