

**PERSONAL PROPERTY APPEALS TO THE BOARD OF ASSESSMENT APPEALS
FAIRFIELD CONNECTICUT**

DATE ___/___/___

To receive consideration
all required information
must be filled in completely

No. _____

CONTACT # _____
EMAIL _____

Members of the Board: Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property.

Listed Owner _____

Street Location of Property _____

Mailing Address of Owner _____

(if different than location)

**DO NOT INCLUDE REGISTERED MOTOR VEHICLES IN THIS APPEAL
PLEASE FILL IN REQUIRED INFORMATION BELOW**

YES NO Did you file a declaration with the Assessor?

Book value of Furniture and Fixtures _____ Date _____

Book value of Machinery and Equipment _____ Date _____

Value of Average Monthly inventory of supplies used internally and not resold _____

Opinion of Fair Market Value of Personal Property _____

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**LATEST ASSESSMENT INFORMATION (FROM ASSESSORS RECORDS)**

Furniture and Fixtures \_\_\_\_\_

Machinery and Equipment \_\_\_\_\_

Supplies \_\_\_\_\_

Computer Equipment \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**TOTAL ASSESSMENT** \_\_\_\_\_

Reason for Appeal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

attach additional sheets if required

Upon reasonable notice, the undersigned agrees to appear before the Board of Assessment Appeals and answer, under oath, all further questions pertaining to the above appeal.

Signature Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

**Board of Assessment Appeals Only**

The undersigned, being duly sworn, deposes and says that the above statements and any statements made in conjunction with this appeal are true.

Signature Owner or Agent \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Member of Board of Assessment Appeals

**REPORT OF THE BOARD OF ASSESSMENT APPEALS**

The undersigned members of the Town of Fairfield Board of Assessment Appeals have considered this appeal and recommend the following:

October 1 Owner \_\_\_\_\_

Location of Business Property \_\_\_\_\_

Appeal Denied  Appeal Granted (at 100% market value)

Furniture and Fixtures \_\_\_\_\_

Machinery and Equipment \_\_\_\_\_

Supplies \_\_\_\_\_

Computer Equipment \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Total Reduction \_\_\_\_\_

Dated at Fairfield, Connecticut \_\_\_\_\_

Approved: Board of Assessment Appeals

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