TOWN OF ANDOVER PROPERTY ASSESSMENT APPEAL

Property Owner(s) _____

Name of signer (if different from Owner) _____

Position of signer (if different from Owner)_____

Property Owner will be represented by: self_____ agent_____ (If represented by agent, please fill out certification on second page)

Name and Address of person to which all correspondence and notices should be sent (list one address only)

Name_____ Telephone #_____

Street_____

City_____ State_____ Zip_____

For the Grand List of October 2015

Real Estate #_____ Personal Property #_____

Motor Vehicle #_____

Description of Property being appealed (location if real estate):

Location_____Map_____Lot_____

Sequence#_____

Motor Vehicle: Year_____ Make_____ Model_____ Marker_____

Reason for Appeal: _____

_____

_____

_____

Appellant's estimated value of the property being appealed:_____

Signature of Appellant or agent _____(if agent, fill out certification form)

Print name_____ Date of Appeal_____

PLEASE NOTE THE ABOVE FORM NEEDS TO BE FILLED OUT IN ITS ENTIRETY. PROPERTY OWNERS OWNING MORE THAN ONE PROPERTY OR VEHICLE MUST FILL OUT A SEPARATE FORM FOR EACH ACCOUNT APPEALED. PLEASE TYPE OR PRINT LEGIBLY. APPEALS MUST BE SUBMITTED **NO LATER THAN FEBRUARY 20TH, 2016.**

AGENT CERTIFICATION

Date:_____

To whom it may concern:

I, _____, being the legal owner of the property located at

_____hereby authorize
_____

to act as my agent in all matters before the Board of Assessment Appeals of the Town of Andover for Assessment year commencing October 1st, 2015

Signed_____