

TOWN OF ANDOVER PROPERTY ASSESSMENT APPEAL –  
**GRAND LIST OF OCTOBER 2019**

For Real Estate or Personal Property, Form must be submitted to the Town Clerk no later than:  
Date \_\_\_\_\_

**PLEASE NOTE THIS 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.**

Property owner(s) \_\_\_\_\_

Real Estate #: \_\_\_\_\_ Personal Property #: \_\_\_\_\_ Motor Vehicle #: \_\_\_\_\_

Address where property is located : \_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_ Sequence# \_\_\_\_\_

Motor Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Marker \_\_\_\_\_

VIN Number: \_\_\_\_\_

Options included on vehicle. \_\_\_\_\_

**Reason for Appeal:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate of value of the property being appealed: \_\_\_\_\_

\*\*\*\*\****Please provide a copy of the Assessment or Tax Bill you are appealing***\*\*\*\*\*

Property owner will be represented by:

SELF: \_\_\_\_\_ AGENT: \_\_\_\_\_ **If agent, complete certification form.**

Name and Address where all correspondence and notices should be sent. (one name only)

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

Street \_\_\_\_\_

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

**Email** \_\_\_\_\_

Name of signer or agent \_\_\_\_\_

Title/Position \_\_\_\_\_

***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.***

**Signature of Signer:** \_\_\_\_\_

**Date of Appeal**\_\_\_\_\_

**AGENT CERTIFICATION**

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 \_\_\_\_\_

Signed\_\_\_\_\_ Legal Property Owner

Signed\_\_\_\_\_ Agent Date:\_\_\_\_\_