



**TOWN OF BLOOMFIELD
Board of Assessment Appeals**

800 Bloomfield Ave
Bloomfield CT 06002
Tel. 860.769.3530
Fax 860.243.4302

BAA APPLICATION WITHDRAWAL

Appeal of Assessment Valuation for October 1, _____ / Supplemental Grand List October 1, _____

Property Owner:

Name of Property Owner

Property Location

Mailing Address

City, State, Zip

Phone Number

Fill out ONLY the section for the property type under appeal.

Motor Vehicle: Year _____ Make/Model: _____ Plate# _____ Mileage _____

Real Estate _____
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unigue ID: _____ DBA: _____

It is my decision to withdraw my application for a formal hearing with the Board of Assessment Appeals.

Signature

Date