



## 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: Unique ID: \_\_\_\_\_ DBA: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*