

**TOWN OF HAMDEN  
INFORMAL HEARING FORM**

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_  
Parcel ID: \_\_\_\_\_  
Property Location Address: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_  
Representative Name (if any): \_\_\_\_\_  
Telephone Number: Day \_\_\_\_\_ Email \_\_\_\_\_

**PRE HEARING DATA**

To better identify your concerns kindly answer the following questions prior to your hearing:

What is the Assessors estimate of value? Assessed 70% \_\_\_\_\_  
Have you renovated the property since you purchased it? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_  
If yes, briefly describe? \_\_\_\_\_  
Have you had any real estate appraisals made on your property in the past 5 years? Yes \_\_\_ No \_\_\_  
What was the purpose? \_\_\_\_\_ What was the value? \_\_\_\_\_ Appraisal attached \_\_\_  
Has your property been listed for sale in the last 5 years? Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_  
What do you believe is the market value of your property? 100% \_\_\_\_\_

**HEARING DATA**

In the space provided below please summarize the nature of your concern regarding: the value of your property and/or the accuracy of data shown for your property. This information along with any attachments will be thoroughly reviewed.

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for addressing your concerns regarding the estimated market value of your property at this informal hearing. The appraisers will review your concerns and a decision will be made based on how it reflects to the October 1, 2020 Real Estate market. You will receive notice of the decision in the mail. If you are not satisfied with the results of this hearing, you may make a formal appeal in writing to the Board of Assessment Appeals Pursuant to CGS 12-111. The form for filing an appeal may be obtained from the Assessor's Office. Appeals to the Board of Assessment Appeals must be received by February 19, 2021 or they cannot be heard.

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**HEARING CONCLUSIONS:**

Up \_\_\_\_\_ Down \_\_\_\_\_ Same \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Hearing Officer: \_\_\_\_\_ Date \_\_\_\_\_