STRATFORD BOARD OF ASSESSMENT APPEALS
APPLICATIONS DIRECTIONS AND INFORMATION
2025 GRAND LIST

Anyone has the right to an appeal before the Board of Assessment Appeals.
In order to be heard by the BAA at its April meeting, you must file a written appeal with an **original signature,** to the STRATFORD BOARD OF ASSESSMENT APPEALS**.**

Appeals must be received on or before March 20, 2026. This is a received by date not a postmark date.

Digital submissions (fax or email) are not accepted.

Please note applications that are incomplete or untimely will not be heard. If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application. This information is public record and will become part of your appeal file maintained by the Assessor's Office. Once you have submitted the application to the BAA, you will be notified in writing where and when to appear for your hearing.

APPEALS PROCEDURE

- ✓ Appear at the time and place prescribed by the BAA
- ✓ You **MUST** complete a separate form for each property and each class of property you wish to appeal
- ✓ If you cannot or do not wish to appear, have your attorney or agent appear as your representative (Written authorization required)
- ✓ The BAA does not reschedule appointments.
- ✓ **FAILURE TO APPEAR WILL RESULT IN A DEFAULT – Dismissal of your appeal**
- ✓ You will be sworn under oath to be truthful in answering questions concerning your property
- ✓ You will have the opportunity to present evidence (appraisals, photographs, reports, etc.)
- ✓ **Remember –** It is your responsibility to prove your appeal
- ✓ An appraisal by a qualified appraiser is not required, but is recommended
- ✓ You must pay your taxes as they come due or interest and penalties will be applied
- ✓ Consult with the **Tax Collector** for payment instructions while your appeal is pending
- ✓ MAKE COPIES of all documents provided for appeal. Once submitted, they become permanent record of the Town of Stratford.

Notice of the Board's decision will be mailed to the **property owner** unless otherwise requested in writing by appellant. In order to appeal the assessment of your business **personal property**, the Board of Assessment Appeals requires that you submit the following information with your application:

- Form 4562 and Schedule L from the most recent Federal Income Tax Return. General Ledger and location fixed asset records can be used for consolidated returns.
- The detailed depreciation schedule in support of the above, showing original cost and acquisition years. This may be obtained from the accountant who prepares your federal return and should be updated through October 1, 2025.
- A detailed listing of fixed assets recorded as Leasehold or Building Improvements along with supporting documentation for any items, which the Company claims to be included as realty.
- A listing of all leased equipment along with copies of the lease agreement

Failure to comply with this request may result in the denial of your petition for a reduction of your personal property assessment.

A written notice informing you of the date and time of your appointment will be mailed by April 1, 2026.
Questions or comments may be directed to the Assessor's Office (203) 385-4025.

Applications shall be addressed to:

Stratford Board of Assessment Appeals
2725 Main Street
Stratford CT 06615

Appeal # 25 - _____

Hearing Date: _____

TOWN OF STRATFORD BOARD OF ASSESSMENT APPEALS

2725 Main Street, Stratford, CT 06615

APPEAL FORM FOR OCTOBER 1, 2025 GRAND LIST

To Receive Consideration ALL Required Information Must be Filled In Completely

All forms must be received by the Assessor's Office by Friday, March 20, 2026

You will receive notification by mail as to the date and time of your appointment.

All appeals will be *by appointment only*, no walk-ins.

Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property.

Listed Owner:_____ **List #**_____

Street Location of Property_____ **Lot #** _____

Mailing Address of Owner:_____

Mailing Address of Agent: _____

Email Address of Owner/Agent: _____

Owner telephone: ( ) **Agent Phone: ( )**

**CHECK SQUARE BELOW OF PROPERTY BEING APPEALED AND FILL IN REQUIRED INFORMATION*

☐ **RESIDENTIAL**

Description: ☐ Single Family ☐ 2 Family ☐ 3 Family ☐ Condo ☐ Vacant lot ☐ Other _____

Gross Rental Rec'd: _____ Age of Building: _____ If New, Cost of Construction:_____

Total Purchase Price_____ Year Purchased: _____

Assessment 10/1/2025 Land:_____ Buildings:_____ Total: _____

Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2025 (entire property)_$_____

☐ **COMMERCIAL OR INDUSTRIAL**

Description of Property:_____

Number of Stores: _____ Number of Families: _____ Age of Building(s):_____

If New, Cost of Construction:_____ Year Purchased: _____ Total Purchase Price_____

If Leased, state whether Gross lease or Net lease:_____

Gross Income and Expenses:_____

Submit copies of Current and Prior Years' Operating Statements:_____

Assessment 10/1/2025, Land:_____ Buildings:_____ Total: _____

Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2025 (entire property)_$_____

☐ **COMMERCIAL VACANT LAND ONLY**

Year Purchased: _____ Total Purchase Price_____ Assessment Total 10/1/2025: _____

State Condition of the Land:_____

Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2025 (entire property)_$_____

☐ **PERSONAL PROPERTY**

Appeal is denied if Book Value estimates are not provided.

Book Value of Furniture & Fixtures:_____ Date: _____

Book Value of Machinery & Equip: _____ Date: _____

Assessment Total 10/1/2025: _____

☐ **MOTOR VEHICLE** (2024 Supplemental Grand List) *Please provide a copy of tax bill*

Make of Vehicle:_____ Model: _____ Body Style:_____

VIN Number: _____ Plate #: _____ List # _____ Assessment: _____

Appeal is denied if not completed. Opinion of Manufacturer's Suggested Retail Price $_____

Notes for Appeal (attach additional sheets if needed) _____

Upon reasonable notice, the undersigned agrees to appeal before the Board of Assessment Appeals and answer all further questions pertaining to the above appeal. The undersigned hereby deposes and says that the above statements are true.

Signature of Owner: _____ **Signature of Agent:** _____

Printed Name of Owner: _____ Printed Name of Agent: _____

Date of Signature: _____ Date of Signature: _____

As provided for by Connecticut General Statute Sec. 12-117a: Any person, including any lessee of real property who is bound under terms of his lease to pay real property taxes, claiming to be aggrieved by the action of the Board of Assessment Appeals, may, within two months from the date of the mailing of the notice of action, make application, in the nature of an appeal of the assessment list for the assessment year commencing October 1, 2025, to the Superior Court, which shall be accompanied by a citation to the Town to appear before said court.

Appointment Date & Time: _____, 2026 @ _____ a.m. / p.m.

For Board use only:

Attendees:

_____ _____

_____ _____

_____ _____

Notes of Hearing:

Attachments (check one): **Yes** ☐ **No** ☐

Recommendations:

Action:

Date of Action: _____ **Grand List Value:** _____ **BAA Value:** _____

BAA Signature: _____