

**CITY OF BRIDGEPORT  
BOARD OF ASSESSMENT APPEALS  
PROPERTY ASSESSMENT APPEAL APPLICATION 2025 GRAND LIST**

**INSTRUCTIONS:** Please complete Section A and Section B (if applicable) to initiate the assessment appeal process. Information must be legible. Complete one form for each property account being appealed. All items in Section A where an asterisk (\*) and (Required) are noted **MUST** be filled out. If Section B applies, all items in Section B must also be completed. **Please retain a stamped copy of this application. Incomplete or late applications will NOT be processed. Applications missing data in required fields will NOT be processed.**

**NOTE: COMPLETED FORMS MUST BE ON FILE WITH THE ASSESSOR NO LATER THAN FEBRUARY 20, 2026 (CGS 12-111). POSTMARK DATE WILL NOT BE ACCEPTED. NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS FILED AND RETURNED TO: THE BOARD OF ASSESSMENT APPEALS, CITY OF BRIDGEPORT, 45 LYON TERRACE, ROOM 105 BRIDGEPORT, CT 06604. \*\*PLEASE ATTACH ANY SUPPORTING DOCUMENTATION WITH COMPLETED APPLICATION.**

**SECTION A – APPEAL APPLICATION**

\*Property Owner(s) (Required): \_\_\_\_\_

\*Name of Signer of Application (Required): \_\_\_\_\_

\*Position of the Signer (Required)-Check One: Owner: \_\_\_\_\_ Agent: \_\_\_\_\_ Corp. Officer: \_\_\_\_\_

Property Owner will be represented by: Self: \_\_\_\_\_ Agent: \_\_\_\_\_ (Section B Required)

**NOTE: (If agent is used, the Property Owner must complete Authorization in Section B)**

**\*REQUIRED** – Name of Person and Address to which all notices and correspondence will be sent (list only one) Please print clearly:

Name (Required): \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Required): \_\_\_\_\_ Email Address: (Optional) \_\_\_\_\_

City, State, Zip (Required): \_\_\_\_\_

**\*Description of Property Being Appealed (Required)**

Real Estate	Personal Property (Business)	Motor Vehicle (2024 Supplemental)
Parcel ID # or Block & Lot: _____	Address: _____	Year: _____
Address of property: _____	Account No.: _____	Make: _____
Residential/Commercial/Industrial (Circle)		Model: _____
		Plate No.: _____
		VIN No.: _____

\*Reason for Appeal (Required): \_\_\_\_\_

\* Appellant's estimate of Value of Property being appealed (Required): \_\_\_\_\_  
(Attach documentation of value, if applicable)

\*Signature of owner or agent (Required)

\*Date application signed (Required)

**SECTION B -- BOARD OF ASSESSMENT APPEALS AGENT AUTHORIZATION**

I/We \_\_\_\_\_, being legal owner(s) of \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act as my/our agent in all matters before the Board of Assessment Appeals of the City of Bridgeport.

Property Owner: \_\_\_\_\_

\*Signature (Required): \_\_\_\_\_

\*Date Signed (Required)

**HEARING CONCLUSION:**

DECREASED \_\_\_\_\_ INCREASED \_\_\_\_\_ DENIED \_\_\_\_\_ Hearing Officer Initials \_\_\_\_\_ Date \_\_\_\_\_

