

ASSESSOR
Telephone: 860-435-5176
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Hours: M, W, F - 9am-4pm



Town Hall
P.O. Box 548
27 Main Street
Salisbury, CT 06068

**Board of Assessment Appeals
Motor Vehicle Appeals
Town of Salisbury**

Portion to be completed by owner:

Name of owner: _____

Address: _____

Year _____ Make _____ Model _____ Plate _____

Owner's estimate of value as of 10/1/_____: \$ _____

Owner's comments:

Portion to be completed by BAA:

10/1/_____ Grand List #: _____

Value: _____ Assessment (70%): _____

_____ Appeal denied

_____ Appeal reduced to: Value: _____ Assessment (70 % of value): _____

Signed by BAA Members: _____
