



**CITY OF MERIDEN**  
**Department of Finance**  
**Office of the Assessor**

142 East Main Street  
 Meriden, CT 06450

**Income & Expense Appeal Form**  
**June 1, 2022 Filing Period**

Location of Property \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_

Please state reason the form was untimely, incomplete, or not filed. Your explanation should demonstrate **good cause** for the omission.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A completed **2021** Income and expense form **must be attached** for assessor's consideration of penalty removal.

**ORIGINAL APPEAL FORM and REQUIRED DOCUMENTS MUST BE "RECEIVED" BY THE ASSESSOR'S OFFICE NO LATER THAN THE CLOSE OF BUSINESS ON SEPTEMBER 30, 2022 IN ORDER FOR YOUR APPEAL TO BE CONSIDERED.**

I do hereby declare under oath that I am the owner of the aforementioned property and that the information contained here is a true statement.

\_\_\_\_\_  
 Signature of property owner Date

**Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, 2022**

\_\_\_\_\_  
 Notary Public  
 My commission expires

Assessors Use Only  
 Appeal Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 Assessor Signature \_\_\_\_\_ Date \_\_\_\_\_