



CITY OF MERIDEN

Department of Finance
Office of the Assessor

142 East Main Street
Meriden, CT 06450

Income & Expense Appeal Form August 15, 2020 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 **2019** 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 NOVEMBER 16, 2020 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 _____, 2020

Notary Public
My commission expires

Assessors Use Only
Appeal Approved _____ Denied _____

Assessor Signature Date