

BOROUGH OF NAUGATUCK

Office of the Assessor

Shelby P. Jackson III, CCMA II Assessor 229 Church Street Naugatuck, CT 06770 TEL (203) 720-7016 FAX (203) 720-7207

Informal Hearing/Problem Resolution Form

Interviewed By:		
Taxpayer Name:	Date:	
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
Property Description: Indicate Map/Lo	ot & Address, Vehicle Year	, Type & Plate No. or Describe if Personal Property
Describe your Problem below:	Attach Add	litional Statement if Needed.
Under the penalty of false statement, I certify Forgoing statement is true and accurate.	that the	Signature & Date
Recommended Action:	For Office Use Onl	ly
Action Taken:		
	Change in Assessme	ent
From: To:		Grand List Year:
Approved By:		Date:
Correction Number:		