TOWN OF BROOKFIELD

OFFICE OF THE ASSESSOR

100 POCONO ROAD – P.O. BOX 5106
BROOKFIELD, CONNECTICUT 06804
Tel: 203-775-7302 Fax: 203-740-3871

Date_____

I _____ formally withdraw my Appeal to the Town of Brookfield Board of Assessment Appeals for my:

☐ Personal Property ☐ Real Estate ☐ Motor Vehicle

Located at_____.

I understand this voids my right to appeal for the **2021 Grand List Year** per State Statute Sec. 12-111

_____
Signature

_____
Signature

Received by: _____

Date: _____