



Town of Wallingford, Connecticut

Department of Finance
Assessing Division
45 South Main Street
Wallingford, CT 06492

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Informal Hearing/Problem Resolution Form

Interviewed By: _____

Taxpayer Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____

Property Description: _____

And Location _____ Indicate Map/Lot & Address, Vehicle Year, Type & Plate No. or Describe if Personal Property.

Describe your Problem below: _____ Attach additional statement, if needed.

Under the penalty of false statement, I certify that the foregoing statement is true and accurate.

.....
Signature and Date

For Office Use Only

Recommended Action: _____

Action Taken: _____

<u>Change in assessment:</u>		
From: _____	To: _____	Grand List Year _____
Approved By: _____	Date: _____	
Correction Number _____		