



**TOWN OF COVENTRY  
SEWER BOARD OF REVIEW**

\_\_\_\_\_ (Year) **APPEAL FORM**

Appeal No. \_\_\_\_\_ Assessors Plat # \_\_\_\_\_ Lot # \_\_\_\_\_ Date filed \_\_\_\_\_

Taxpayer Name \_\_\_\_\_

Appealed Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Reason & Description of Appeal**

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If property must be inspected prior to review by Appeal Board  
Insert time and day of week property is available \_\_\_\_\_.

Taxpayer will be notified of a meeting date approximately two weeks prior to date of hearing.

**Please continue to make scheduled payments or interest will accrue on overdue balances. If appeal is approved, your sewer assessment payments will be adjusted accordingly.**

**FOR TOWN USE ONLY**

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

Description

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Date of Hearing \_\_\_\_\_