



**TOWN OF COVENTRY
SEWER BOARD OF REVIEW
APPEAL FORM
Must be filed by December 15, annually**

THIS SECTION TO BE FILLED OUT BY TAXPAYER

Taxpayer Name _____

Appealed Property Address _____

Mailing Address _____

Telephone No. _____ Email Address _____

Reason & Description of Appeal:

If property must be inspected prior to review by Appeal Board, insert time and day of the 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

Appeal No. _____ Assessor Plat # _____ Lot # _____ Date filed _____

Inspected by _____ Date _____

Description

Date of Hearing _____