

May 8, 2020

OWNER NAME  
OWNER ADDRESS  
WEST HARTFORD, CT 06107

Identification Number: 15416 - 38005



Parcel Number: 5951 4 98 0001  
Property Location: 98 SOMEWHERE LA

Dear West Hartford Property Owner:

The Town of West Hartford is in the process of fulfilling Connecticut General State Statute §12-62(b) (1), requiring revaluation of all real property in town by October 1, 2021. The following information is on file for your property. Please take a few minutes to review this report and write in any additions or corrections necessary.

- If something needs to be changed, please cross out the incorrect information and write the new information directly on this report (Remember to check the name and address at the top of the page).
- Please return this report within the next three (3) working days.
- Please return this report in the enclosed postage paid envelope. If your envelope has been misplaced, please mail to: Town of West Hartford, Department of Assessment, Revaluation Project, 50 South Main Street, West Hartford CT 06107.

If you have a question, write it on the bottom of this report or contact us at 860.561.7598 or at [revaluation@westhartfordct.gov](mailto:revaluation@westhartfordct.gov). Please remember to include your phone number(s) below so we may contact you, if necessary.

- |  |                                    |
|--|------------------------------------|
| <b>1. Property Type: Single Family Residence</b>               | <b>11. Heat Type: Hot Water</b>    |
| <b>2. House Style: Colonial</b>                                | <b>12. Heating Fuel: Oil</b>       |
| <b>3. Year Built: 1957</b>                                     | <b>13. Central Air: No</b>         |
| <b>4. Number of Stories: 2.0</b>                               | <b>14. Number of Fireplaces: 3</b> |
| <b>5. Finished Living Area: 3,612</b>                          | <b>15. Basement Garage: No</b>     |
| <b>6. Number of Rooms: 9</b>                                   | <b>16. Attached Garage: Yes</b>    |
| <b>7. Number of Bedrooms: 5</b>                                | <b>17. Detached Garage: No</b>     |
| <b>8A. # Full Baths: 3</b>                                     | <b>18. Carport: No</b>             |
| <b>8B. # Half Baths: 1</b>                                     | <b>19. In-ground Pool: Yes</b>     |
| <b>(See back for description of full bath &amp; half bath)</b> | <b>20. Deck: Yes</b>               |
| <b>9. Basement: Yes</b>  | <b>21. Shed: Yes</b>               |
| <b>10. Finished Bsmt/Rec. Room: Yes</b>                        | <b>22. Hot Tub: No</b>             |

\_\_\_\_\_  
Owner signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number(s) (day – evening)