

AGENT'S CERTIFICATION

DATE: _____

To Whom It May Concern:

I, _____ being the legal owner of property located
at _____ . Hereby authorize
_____ to act as my agent in all
matters before the Board of Assessment Appeals of the Town/City of
_____ for the assessment year
commencing October 1, _____.

(Signed) _____

Signed and affirmed before me in the county of _____ State of
Connecticut this _____ day of _____ 20_____.

(Notary's official signature)

(Commission Expiration)

NOTARY SEAL