

**BOARD OF ASSESSMENT APPEALS
TOWN OF EAST HARTFORD, CONNECTICUT
APPELLANT/AGENT AUTHORIZATION FORM**

DATE: _____

TO WHOM IT MAY CONCERN: I, _____
(Print name)

being the legal property owner at: _____

_____ hereby authorize _____

_____ to act as my agent in all matters before the Board of Assessment Appeals of the Town of East Hartford for the assessment year commencing October 1, 2021.

Signed: _____