

**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, 2023.

Signed: \_\_\_\_\_