



TOWN OF CLINTON, CONNECTICUT

**BOARD OF ASSESSMENT APPEALS
ASSESSOR'S OFFICE
860-669-9269**

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 of Clinton, Connecticut for the assessment year commencing

October 1, _____

(Signed) _____