

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 Chester

for the assessment year commencing October 1, _____.

Signed _____

THIS FORM MUST BE BROUGHT TO HEARING:

BOARD OF ASSESSMENT APPEALS

203 MIDDLESEX AVE

CHESTER, CT 06412

Appeals from the action of the Board of Assessment Appeals are to be filed with the Superior Court within two (2) months of the Board's action in accordance with CT State Statute §12-117a.