

**Assessor's Office
Town of Haddam**



Board of Assessment Appeals

Agent Authorization

To Whom It May Concern;

I, _____ (Print name) being the
legal property owner at _____
hereby authorize _____
to act as my duly authorized agent in all matters before the Board of Assessment Appeals of the
Town of Haddam for the Assessment Year commencing October 1, 2016.

*****If the authorized agent is not your attorney, please have your signature
notarized.*****

Signed: _____

Date: _____

State of Connecticut County of _____

On this the ____ day of _____, 20____, before me, _____, the undersigned officer, personally
appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed
to the within instrument and acknowledged that ____he executed the same for the purposes therein
contained. In witness whereof I hereunto set my hand.

Signed: _____

Date Commission Expires: _____