Assessor's Office Town of Haddam



Agent Authorization

| To Whom It May Concern; | | | |
|-------------------------------|--------------------------------------|---------------------|---|
| I, | | | (Print name) being the |
| legal property owner at _ | | | |
| hereby authorize | | | |
| to act as my duly authorize | d agent in all matters | for the Assessor's | Office of the Town of Haddam |
| for the Assessment Year co | mmencing October 1, | · | |
| **If the authorized | agent is not your o notari | | e have your signature |
| Signed: | | | |
| Date: | | | |
| | State of Conr | necticut County of | |
| undersigned officer, personal | lly appearedse name is subscribed to | the within instrume | , the hown to me (or satisfactorily ent and acknowledged thathe I hereunto set my hand. |
| | | Signed: | |
| | Date Comm | nission Expires: | |