

**BOARD OF ASSESSMENT APPEALS
TOWN OF BARKHAMSTED**

APPELLANT / AGENT AUTHORIZATION FORM

Date: _____

To Whom It May Concern: I, _____
(Print name)

being the legal owner of property located at _____

hereby authorize _____
(Print name)

to act as my agent in all matters before the Board of Assessment Appeals of the Town of Barkhamsted
for the assessment year commencing October 1, 20_____.

(Signature of Owner)

(Date Signed)