

TOWN OF WARREN
Board of Assessment Appeals
50 Cemetery Rd Warren CT 06754

CERTIFICATION OF AGENT/AGENCY/AUTHORIZED REPRESENTATIVE

TO WHOM IT MAY CONCERN: I/We, the undersigned, being the legal owner(s) of the property known as:

Property Address	Map # & Lot #	
Motor Vehicle Year, Make, Model	Vehicle Identification Number	Plate Number
Personal Property Name & Location		Bill #

Do hereby authorize the person listed below to act as agent in all matters before the Board of Assessment Appeals for the assessment year 20____, all matters for the Supplemental MV year 20____ and to receive all correspondence regarding this matter at the mailing address listed:

Name:_____

Address:_____

Phone Number:_____

Email Address:_____

Print Name of Owner

Signature of Owner

Date

Print Name of Owner

Signature of Owner

Date