

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 Deep River for the assessment year commencing October 1, 2016.

Signed _____

THIS FORM MUST BE FILED BY FEBRUARY 20TH AND RETURNED TO:

BOARD OF ASSESSMENT APPEALS
C/O: THE ASSESSOR'S OFFICE
174 MAIN STREET
DEEP RIVER, CT 06417

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

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.