



BOARD OF ASSESSMENT APPEALS
CITY OF MIDDLETOWN
C/O OFFICE OF THE ASSESSOR
245 DEKOVEN DR
MIDDLETOWN, CT 06457
(860) 638-4930

BOARD OF ASSESSMENT APPEALS AGENT AUTHORIZATION

I/We _____, being the legal owner(s) of
_____, hereby authorize _____
to act as my Agent in all matters before the Board of Assessment Appeals of the City of
Middletown.

Property Owner:
Signature Date Signed:

Owners Address

Please retain a date stamped copy of this application; it will serve as entry to your assigned appointment.