

**TOWN OF NORTH STONINGTON**

**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 for the Town  
of NORTH STONINGTON for the assessment year commencing October 1, \_\_\_\_\_

Signed \_\_\_\_\_

Please Print Name \_\_\_\_\_