

**Board of Assessment Appeals
Town of New Milford, Connecticut 06776
JLucas@NewMilford.org**

AUTHORIZATION FORM

I, _____ being the legal owner of property located

at: _____

Hereby authorizes _____ to act as my agent in all matters before the Board of Assessment Appeals for the Town of New Milford, State of Connecticut, for the Assessment year October 1, 2021.

Owner's Signature: _____

Date: _____