

STRATFORD BOARD OF ASSESSMENT APPEALS

AFFIDAVIT

If you would like someone to represent you at your Board of Assessment Appeals hearing, please submit an affidavit with your petition documents. Fill out the top portion of this form and have your signature notarized.

Please submit a separate affidavit for each property.

I,	, being legal ow	ner of property located
at	, hereby	y authorize
	to act as my agent o	n all matters before the
Stratford Board of Assessment A	ppeals for the assessment year commencing Oct	ober 1, 2022.
Signed:	Date:	
Subscribed and sworn before me	:	
My commission expires:		

2725 Main Street, Stratford, CT 06615 Phone: 203-385-4025 Fax: 203-385-4067