



CITY OF WEST HAVEN

Applications may be sent to:
W.H. Board of Assessment Appeals
c/o Assessor's Office
355 Main Street
West Haven, CT 06516

Board of Assessment Appeals Representative Form

Property Information

Grand List: _____

Unique ID #: _____

Property Address: _____

Property Owners Name: _____

Business Name (if applicable): _____

Map/Block/Lot #: _____

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Vacant Land |
| <input type="checkbox"/> Commercial | |
| <input type="checkbox"/> Industrial | |
| <input type="checkbox"/> Motor Vehicle | |
| <input type="checkbox"/> Personal Property | |

Be advised that:

(Name of Representative and Business [if applicable])

Or their designee (hereafter, "Representative") is hereby authorized to commence an assessment appeal on my behalf with respect to the property identified above herein and to represent me and my interests at any hearings scheduled with respect to the same. I also authorize my representative to execute any and all documents in association with this matter on my behalf.

By executing this document, I agree that this authorization shall remain in full force unless revoked by me in writing and until such time as a writing evidencing the same is received by the City of West Haven Assessor's Office.

Signature of Property Owner: _____ **Date:** _____