

DULY AUTHORIZED AGENT'S CERTIFICATION

TO WHOM IT MAY CONCERN: I, _____ being the
legal owner of the property located at _____
hereby authorize _____ to act as my duly
authorized agent in all matters before the Board of Assessment Appeals of the
Town of Stonington for the assessment year commencing October 1, _____.

**If the authorized agent is not your attorney, please have your signature
notarized.**

Signed: _____

Date: _____