



**BOARD OF ASSESSMENT APPEALS  
TOWN OF FAIRFIELD, CT**

No.

**Affidavit**

*If you would like someone to represent you at your Board of Assessment Appeals appeal 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.*

**To Whom It May Concern:**

I, \_\_\_\_\_, being the legal owner of property located  
at \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to act as my agent on all matters  
before the Fairfield Board of Assessment Appeals for the assessment year commencing October 1, 2020.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and  
sworn before me: \_\_\_\_\_ My commission expires: \_\_\_\_\_