

Town of Chester
Office of the Assessor
203 Middlesex Avenue
Chester, CT 06412



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assessorclerk@chesterct.org

BOARD OF ASSESSMENT APPEALS (BAA)
AUTHORIZED AGENT FORM

I, _____ hereby appoint _____
(Print Name) (Print Name)

to represent me at my Assessment hearing with the Board of Assessment Appeals (BAA) for Grand List: **2023**
assessment of my [check all that apply]:

☐ Real Estate Property

☐ Motor Vehicle Supplemental

☐ Business Personal Property

☐ Motor Vehicle (September Session)

Choose one

For property located at _____

For a Chester business located at _____

For Motor Vehicle VIN _____

Be sure to arrive on behalf of your client with this notarized application/petition and all supporting documentation to support the changed assessment being considered at this hearing.

Owner's Signature

Date

Co-Owner's Signature

Date

Phone Number

Email

Notary

Date

Seal