

AGENT'S CERTIFICATION

DATE:

To Whom It May Concern: I, _____ being the legal owner
of property located at: _____ hereby
authorize _____ to act as my agent in all matters before
the Board of Assessment Appeals of the Town of East Hampton for the assessment year
commencing October 1, _____.

(Signed) _____

State of _____
County of _____

Subscribed and sworn to before
Me this _____ day of _____

Notary Public