

## Agent Authorization Form Request for Assessment Information

This form must be completed when an agent or representative is acting on behalf of the property owner and/or submitting a Section 299/300 request for information form.

### Section 1: Assessed Person/Taxpayer Information

Assessed person(s) or Taxpayers(s)	
Phone number	Email address
The authorization is effective for the following tax year only:	

### Section 2: Property Information

(you may include a list if you are looking for information on more than one property)

Tax roll number(s)	
Property Address(s)	
Property type (check all that apply)	<input type="checkbox"/> Residential Property with 3 or less dwelling units <input type="checkbox"/> Residential property with 4 or more dwelling units <input type="checkbox"/> Non residential property <input type="checkbox"/> Farmland

### Section 3: Agent Information

(agent means a person or company who for a fee or potential fee acts on behalf of an assessed person or taxpayer)

Agent name	Contact name (if different) and position held		
Email	Phone		
Mailing address	City/Town	Province	Postal Code

## Section 4: Acknowledgement and Certification

By signing below, I acknowledge and certify that:

- I am the assessed person or taxpayer identified in section 1 or legally authorized officer of the assessed person or taxpayer.
- I provide authority to the agent, as identified in section 3, to represent the assessed person or taxpayer, identified in section 1, to:
  - (a) discuss the issues or matters of the property with the municipality's assessor,
  - (b) reach an agreement with the assessor to correct a matter.
- I understand that the assessed person or taxpayer continues to be subject to all provisions required by the Municipal Government Act and its attendant regulations, and any authorization of agency is not a substitute for any of those provisions.
- I understand that this authorization is only applicable to the tax year entered on this form.
- The agent has disclosed the qualifications, professional designations, certifications or affiliations of the agent, if any, with respect to property assessment or appraisal.
- I may revoke authorization at any time in writing to the Town of Cochrane assessment department.
- When the municipality contacts me, I am required to confirm and verify that I have enacted authorization for the property outlined in section 2.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory Person and Title

\_\_\_\_\_  
Signature of the Assessed Person or Taxpayer