



AGENT / REPRESENTATIVE AUTHORIZATION FORM – TAXATION

I. Account Information

1) Taxpayer(s) name (if a company, enter the complete legal name of the company)

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2) Account Number

3) Property Address

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4) Telephone Number

5) Fax Number

6) E-mail Address

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II. Agent / Representative Information

1) Name of Agent / Representative

2) Contact Name (if different) and Position Held

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3) Telephone Number

4) Fax Number

5) E-mail Address

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III. Acknowledgement and Certification

By signing below, I acknowledge and certify that:

1. I am the taxpayer identified in Section I, or a legally authorized officer of the taxpayer.
2. To initiate the processing of this agency request, I am attaching this “Agent/Representative Authorization Form – Taxation” to a letter, signed by me on my personal or company letterhead, and the letter is being submitted to the Taxation Branch, 9909 Franklin Avenue, Fort McMurray AB, T9H 2K4
3. I understand the taxation branch may take up to seven (7) business days to determine authorization of agency.
4. I provide authority to the agent, as identified in Section II to represent the taxation account, identified in Section I, to do only the following:
 - a) Discuss and share the taxation account breakdown and balance with the taxation branch.
 - b) Provide information about the property to the taxation branch.
5. I understand the taxpayer continues to be subject to all provisions required by the Municipal Government Act, and any authorization of agency is not a substitute for any of those provisions.
6. I understand that this document does not act as an authorization of agency before the Assessment Review Board, the Municipal Government Board, or any level of court.
7. I understand that agency will only be considered by the taxation branch if this form, attached on submission to the letter referenced in Section III (2), is complete and accurate, there is no misrepresentation, and the form is not altered in any way.
8. I understand this agency submission is applicable only to the taxation account balance information of the taxpayer until revoked or property ownership changes.
9. I may revoke agency at any time in writing to the Taxation Branch.

Signature of Taxpayer(s)

Date

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Printed Name of the Signatory Person and Title

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