



AGENT/REPRESENTATIVE AUTHORIZATION FORM

I. Account Information (please print/type)		
1) Name of Assessed Person		
2) Account Number		3) Property Address
II. Agent/Representative Information		
1) Name of Agent /Representative		2) Contact Name (if Different) and Position Held
3) Telephone Number	4) Fax Number	5) E-mail Address

III Acknowledgment and Certification

By signing below, I acknowledge and certify that:

1. I am the assessed person identified in Section I, or a legally authorized officer of the assessed person.
2. To initiate the processing of this agency request, I am attaching this “Agent/Representative Authorization Form” to a letter, signed by me on my personal or company letterhead, and the letter is being submitted to the Assessment Department, 9909 Franklin Avenue, Fort McMurray AB, T9H 2K4.
3. I understand the Assessment Department 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 assessment account, identified in Section I, to do only the following:
 - a. Receive information pursuant to sections 299(1) and 300(1) of the Municipal Government Act
 - b. Discuss the assessment with the Assessment Department.
 - c. Provide information about the property to the Assessment Department.
 - d. Agree, if necessary, to a change in the assessment data or roll in respect of the account, which may result in a revised annual assessment or an amended notice being sent to the assessed person.
5. I understand the assessed person 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 Assessment Department if this form, attached in 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 **2024 assessment roll for the 2025** taxation year.
9. I may revoke agency at any time in writing to the Assessment Department.

Signature of the Assessed Person

Date

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Printed Name of Signatory Person and Title

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Schedule of Additional Properties

The Schedule of Additional Properties form is to be used in conjunction with the Agent/Representative Authorization Form when information is being sought on more than one property. This form must be signed by the Owner/Property Manager before the Municipality will release information relating to those additional properties.

Authorization for Additional Properties (please print)

Account Number	Property Address	Legal Description

Signature of Owner or Authorized Signatory

Date

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Please Return to: Assessment and Taxation Department
9909 Franklin Avenue
Fort McMurray, Alberta
T9H 2K4
PULSE Telephone # (780) 743-7000
Fax # (780) 743-7050

e-mail assessment.taxation@rmwb.ca

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used as confirmation of your permission to release information to a third party. If you have any questions about this collection and use of your personal information, please contact using the above noted phone number or email address.