

AGENT / REPRESENTATIVE AUTHORIZATION FORM - TAXATION

I. Account Information

II.

1) Taxpayer(s) name (if a company, enter the complete legal name of the company)					
2) Account Number	3) Property Addre		ess		
4) Telephone Number	5) Fax Numb	er	6) E-mail Address		
Agent / Representative Information					
1) Name of Agent / Representative	2) Contact Name (if different) and Position Held				
3) Telephone Number	4) Fax Numb	er	5) E-mail Address		

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 <u>Municipal Government Act</u>, 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
Printed Name of the Signatory Person and Title	

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)

Property Address	Legal Description
	Property Address

Signature of Taxpayer(s)	Date

Please Return to:

Mail: Taxation Branch

9909 Franklin Avenue Fort McMurray, Alberta

T9H 2K4

E-mail: assessment.taxation@rmwb.ca

Fax: (780) 743-7050

For any questions or concerns, please contact Pulse at 780-743-7000 to be connected to the taxation department. Taxation department hours are 8:30 a.m. to 4:30 p.m., Monday through Friday.

The personal information on this page 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 to provide information to the taxpayer's agent with respect to their taxation account balance. If you have any questions about this collection and use of your personal information, please contact the FOIP Manager, 7th Floor Jubilee Center, 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or call (780) 743-7957.