

COUNTY OF ST. PAUL

5015 49 Avenue, St. Paul, Alberta, T0A 3A4
www.county.stpaul.ab.ca

Our Mission - To create desirable rural experiences



Property Assessment Agent Authorization Form

Section 299 & 300

This authorization form must be completed when an agent/representative is acting on behalf of the assessed person. In addition, this form will allow a property manager to inform the County that they represent an assessed person and appoint an agent on their behalf. These forms apply to the previous year's assessment pertaining to this year's taxation year. This authorization is only valid for the current tax year and is for assessment purposes only.

Only one owner is allowed per authorization form. If there are multiple owners of the same property, only one owner needs to complete this form. This form must be completed, signed, and filed with the County of St. Paul No. 19 before the release of any information to the authorized party named in respect of the property described in this form. If you have any questions regarding this form, please contact the County Office at 780-645-3301.

SECTION A: Assessed Person Information

Name of Assessed Person: *(Exact individual or corporation name as registered at Land Titles)*

Contact Name *(if owner is a Corporation)*: _____

If Corporation, name and position of authorized signatory:

Phone Number: _____ Email: _____

SECTION B: Authorized Agent/Representative Information

I, _____ authorize disclosure of information to the Agent/Representative named below, to review the assessment of the property and/or to assist with an appeal of my assessment for the properties listed on page 2 of this document. I understand that this does not constitute a complaint to the Assessment Review Board under Section 460 of the Municipal Government Act.

Agent/Representative Name: _____

Authorized Corporation Name (if applicable): _____

Mailing Address: _____

Phone Number: _____ Email: _____

SECTION C: Schedule of Properties

The Schedule of Properties form is to be used in conjunction with the Agent/Representative Authorization form on page 1 of this document.

This form must be signed by the Assessed Person before the County of St. Paul No. 19 will release information relating to these properties.

Roll Number	Legal Description County of St. Paul, AB ONLY	<i>Internal Use Only</i>

Signature of Assessed Person or Authorized Signatory: _____

Printed Name: _____

Position/Title of Authorized Signatory (if applicable): _____

Date Signed: _____

Please send the completed form and any other documentation to:

tax@county.stpaul.ab.ca

OR

By mail to:

County of St. Paul No. 19

Attn: Tax Department

5015 49 Avenue, St. Paul, AB T0A 3A4

OR

In person at the County of St. Paul Administration Office:

5015 49 Avenue, St. Paul, AB

The personal information collected through this Form is authorized under Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, contact the County of St. Paul ATIA/POPA Coordinator at 780-645-3301.