

**Agent Representation Authorization Form  
2022 Tax Year**

This authorization form must be completed when an agent or representative is acting on behalf of a property owner. This form will also allow a property manager to inform the County that they represent a property owner and appoint an agent on their behalf. This form will also be used to determine who has the authority to act on behalf of a corporate owner whether or not an outside agent has been appointed. These forms apply to the 2021 assessment for the 2022 tax year. This authorization is valid for the 2022 tax year only.

Where there are multiple owners of the same property, only one owner needs to fill out this form. A separate 'Assessment Information Request' form must be completed to receive assessment related information. This form must be completed, signed and filed with Strathcona County prior to the release of any information to the authorized party named in respect of the property described in this form. If you have any questions about the collection and use of this information, please contact our office at 780-464-8196.

**Owner Information** I am identifying myself as an Authorized Signatory for the accounts I will list in the Schedule of Properties.

Owner Name (property owner):

\_\_\_\_\_  
Exact Individual or Corporation name as registered at Land Titles.

If corporation, name and position of authorized signatory:

\_\_\_\_\_

**Property Manager Information** I am identifying myself as Property Manager for the accounts I will list in the Schedule of Properties.

Owner Name (owner of property):

\_\_\_\_\_  
Exact individual or Corporation name as registered at Land Titles.

Property Management Company Name (if applicable):

\_\_\_\_\_

Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

# Agent Representation - Authorization

## Agent/Representative Information

I, \_\_\_\_\_, authorize disclosure of information to the Agent/Representative named below, to review the assessment of the property. I understand this does not constitute a complaint to the Assessment Review Board under Section 460 of the *Municipal Government Act*.

Agent / Representative Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Signatory

\_\_\_\_\_  
Date (yyyy-mm-dd)

### Collection and use of Personal Information

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer Strathcona County's assessment information requests. If you have questions regarding the collection, use or disclosure of this information contact the Director, Assessment and Tax at 780-464-8196 or [www.strathcona.ca/assessmentandtax](http://www.strathcona.ca/assessmentandtax).

# Agent Representation - Authorization

## Schedule of Properties

The Schedule of Properties form is to be used in conjunction with the Agent/Representative Authorization form. This form must be signed by the Owner/Property Manager before Strathcona County will release information relating to those additional properties.

### Authorization for 10 Properties or Less

Roll Number	Property Address	Legal Description

\_\_\_\_\_  
Signature of Owner or Authorized Signatory

\_\_\_\_\_  
Date (yyyy-mm-dd)

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