



**AGENT REPRESENTATIVE  
AUTHORIZATION FORM  
2022 TAX YEAR**

This authorization form must be completed when an agent/representative (either individual or corporation) is acting on behalf of the assessed property owner. The 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 pertaining to the 2022 taxation year.** This authorization is only valid for the 2022 tax year.

**Only one owner is allowed per authorization form.** Where there are multiple owners of the same property, only one owner needs to be identified and to fill out this form. This form only acts as authorization to act on behalf of a property owner and a separate 'Request for Assessment Information' form must be completed in order for the agent/representative to receive assessment-related information. This form must be completed, signed and filed with the City of Medicine Hat prior to the release of any information to the authorized party named in respect of the property described in this form. Please contact the Assessment Department, if you have any questions about the collection and use of this information.

**The information received will be protected in accordance with the privacy provisions of the *Municipal Government Act, R.S.A. 2000, c.M-26, and the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c.F-25.***

**Owner Information.** *(Please print).*

Name of Assessed Person (Exact Individual or Corporation name as registered at Land Titles)

Mailing Address

Phone Number

Email

If Company, Name of Authorized Signatory\* *(See page 2 for valid signatories)*

Position

**Agent / Representative Information.** *(Please print)*

Name of Agent / Representative

Company Name

Mailing Address

Phone Number

Email

**Acknowledgement and Certification:**

I, \_\_\_\_\_, authorize disclosure of information to the Agent/Representative named above, to review the assessment of the property and/or to assist with an appeal of my assessment. I understand that this does not constitute a complaint to the Assessment Review Board under Section 460 of the Municipal Government Act.

**Signature of Assessed Person/Authorized Signatory:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Documentation for Authorized Signatory and Schedule of Properties on page 2 must be attached.**

