



AGENT REPRESENTATIVE
AUTHORIZATION FORM
2021 Tax Year

Assessment Department
580 First Street SE
Medicine Hat, AB T1A 8E6
Phone: 403.529.8114
assessment@medicinehat.ca

This authorization form must be completed when an agent/representative is acting on behalf of the assessed property owner. The form allows a property manager to inform the City that they act as an agent for the owner or have appointed an agent (either individual or corporation) to act on their behalf. 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 2020 assessment pertaining to the 2021 taxation year. This authorization is only valid for the 2021 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.

This form must be accompanied by the 'Schedule of Properties' on page 2.

The provisions of use for this form are detailed on page 3.

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) I am identifying myself as an Authorized Signatory for the accounts I have listed on page 2.
Name of Registered Owner (Exact Individual or Corporation name as registered at Land Titles):
If company, name and position of authorized signatory:
Authorized Signatories and additional documentation required is identified on page 3.

Property Manager Information (Please print) I am identifying myself as a Property Manager for the accounts I have listed on page 2.
Name of Registered Owner (Exact Individual or Corporation name as registered at Land Titles):
Property Management Company Name:
Representative Name:
Mailing Address:
City: Province: Postal Code:
Phone Number: Email or Fax Number:

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. 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:
Company Name:
Mailing Address:
Phone Number: Email or Fax Number:
\*This Agent/Representative Authorization is subject to verification. If returned by fax, the City of Medicine Hat reserves the right to request the signed original.

Signature of Owner/Authorized Signatory or Property Manager
Digital signatures will not be accepted.

Date

## 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/Authorized Signatory or Property Manager identified on page 1 before the City of Medicine Hat will release information relating to these properties.

Authorization for 10 Properties or Less (Print Clearly). **If you have more properties, complete an additional form.**

Tax Roll Account Number	Property Address (in Medicine Hat, AB only)	Legal Description (if no civic address)	<u>Office Use Only</u> Approved or Invalid Reason

\_\_\_\_\_  
**Signature of Owner/Authorized Signatory or Property Manager**

Digital signatures will not be accepted.

\_\_\_\_\_  
**Date**

Thank you for completing our form.

Next Steps:

1. Print form, sign and date pages 1 & 2.
2. Send completed form and any other required documents (as identified on page 3) to:

**ASSESSMENT DEPARTMENT**  
**City of Medicine Hat**  
 580 1 Street SE  
 MEDICINE HAT AB T1A 8E6

Please use one of the following methods of return:  
 Mail to address above, **or**  
 Scan and E-mail to [assessment@medicinehat.ca](mailto:assessment@medicinehat.ca)

## PROVISIONS OF USE

### Persons Licensed to Practice Law or Provide Legal Services:

A letter of representation must be provided by a legal representative to show proof or authority to act before any information will be released.

### Other Agents/Representatives:

The following signatories will be considered valid:

1. Where the **owner of the property** (as named on a Land Titles certificate) is an individual, then the form must be signed by the owner or someone with Power of Attorney (attach copy) to be valid. Only one owner is required to sign where there are multiple owners.
2. **Where the owner of the property is a corporation**, the City of Medicine Hat will accept the signature of a person in any of the following positions within the corporation owning the property:
  - President
  - Chief Executive Officer (CEO)
  - Controller
  - Asset Manager
  - Manager of Real Estate
  - Director of Real Estate
  - Vice President
  - Chief Financial Officer (CFO)
  - Comptroller
  - Manager of Property & Taxation
  - Director of Property & Taxation
  - Director (Must provide Corporate Search)
3. Where the **owner of the property is a corporation**, the City of Medicine Hat will accept the signature of a person in any of the following positions, or individuals within the corporation owning the property, when supporting documents are provided:
  - Individuals or Corporation(s) listed on a corporate search owning 1% or more of the shares of the corporation owning the property. (Corporate search must be attached.)
  - Individuals that swear an Affidavit stating that they have signing authority for the corporation. (Affidavit must be from current year and must be attached.) [FORM "A" is an example of an acceptable affidavit]
  - Individuals that have corporate signing authority through a resolution of the corporation. (Resolution must be attached.)
  - Individuals acting under a Power of Attorney on behalf of the corporation. (Power of Attorney must be attached.)
4. Where the **person signing is a property manager**, the City of Medicine Hat will only accept the executed "Agent Representative Authorization Form" in the following circumstances:
  - Where the property manager has sworn an Affidavit stating that they have corporate signing authority for the owner of the property in relation to the property assessment. (Affidavit must be from current year and must be attached.) [FORM "B" is an example of an acceptable affidavit]
  - Where the property manager can provide a signed contract confirming that they have the authority to act on behalf of the owner of the property in relation to the property assessment. (Contract must be attached.)

**If an affidavit, corporate search or other supporting document is required to confirm authorization, you must provide this information before the City of Medicine Hat will take any action on the matter.**

AFFIDAVIT VERIFYING  
CORPORATE SIGNING AUTHORITY  
[FORM A]

CANADA ) I, \_\_\_\_\_  
PROVINCE OF \_\_\_\_\_ ) of the City of \_\_\_\_\_  
 ) in the Province of \_\_\_\_\_  
 ) MAKE OATH AND SAY:

1. I am a \_\_\_\_\_ (position or job) of \_\_\_\_\_ corporation, named in the attached instrument.
  
2. I am authorized by this corporation and have corporate signing authority to execute the attached instrument pursuant to (examples: resolution of the corporation, officer of the corporation, written contract, etc) \_\_\_\_\_

SWORN BEFORE ME at the City )  
of \_\_\_\_\_ , in the Province )  
of \_\_\_\_\_ , this \_\_\_\_\_ day of )  
\_\_\_\_\_, 20\_\_\_\_\_. )  
 ) **Authorized Signatory / Property Manager**

\_\_\_\_\_  
A Commissioner for Oaths in  
And for the Province of \_\_\_\_\_

Commission Expiry: \_\_\_\_\_

**Please note:**

Completion of this affidavit may not be necessary and is provided as an option for corporations as identified under the provisions of use.

Should the affidavit be required, it must be completed in its entirety or it will be deemed invalid.

AFFIDAVIT VERIFYING  
CORPORATE SIGNING AUTHORITY  
[FORM B]

CANADA ) I, \_\_\_\_\_  
PROVINCE OF \_\_\_\_\_ ) of the City of \_\_\_\_\_  
 ) in the Province of \_\_\_\_\_  
 ) MAKE OATH AND SAY:

1. I am a \_\_\_\_\_ (position or job) of \_\_\_\_\_ corporation.
2. I am the property manager for \_\_\_\_\_ (name of owner of property) and I manage the property(ies) listed on the attached Schedule of Properties.
3. I am authorized by the owner and have corporate signing authority in relation to the property assessment for the property(ies) listed on the attached Schedule of Properties.

SWORN BEFORE ME at the City )  
of \_\_\_\_\_ , in the Province )  
of \_\_\_\_\_ , this \_\_\_\_\_ day of )  
\_\_\_\_\_, 20\_\_\_\_\_. )  
 )

\_\_\_\_\_  
Authorized Signatory / Property Manager

\_\_\_\_\_  
A Commissioner for Oaths in  
And for the Province of \_\_\_\_\_

Commission Expiry: \_\_\_\_\_

**Please note:**

Completion of this affidavit may not be necessary and is provided as an option for property managers as identified under the provisions of use.

Should the affidavit be required, it must be completed in its entirety or it will be deemed invalid.