



OWNER'S PROPERTY
2019 Request for Information
(MGA Section 299)

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

This form is required when seeking property information pursuant to Section 299 of the *Municipal Government Act*. If you have any questions about the collection and use of this information, please contact The City of Medicine Hat Assessment Department at 403.529.8114. This form must be completed, signed and filed with The City of Medicine Hat Assessment Department prior to releasing information to the Owner and/or Agent named in respect to the property described in this form and is only applicable for the **2019 Tax year**.

Section A: Owner (Please print)

Tax Roll Account Number (6 digits): _____

Name of Registered Owner: _____

If company, Name and position of authorized signatory: _____

Owner/Company Mailing Address: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Property Address: _____

(Signature of Owner or Authorized Signatory)

(Date)

AGENT AUTHORIZATION:

I, _____, authorize disclosure, to my agent, of the following confidential information about my property described on this form for the **2019 Tax year**.

Section B: Agent/Representative Information (Please print)

Company Name: _____ Agent/Representative Name: _____

Address: _____

Phone Number _____ Fax Number: _____ E-mail: _____

*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.

Section C: Please check (✓) all the data that is required:

- Details of the current method of valuation of the property. This may include costing information and/or details of income, expenses, vacancy or capitalization rate.
- Surveys submitted by owner to the City of Medicine Hat Assessment Department (such as Income and Expense Statements and/or Sales Verification forms).

I understand that it is a misuse of the information if it is used to:

- A. obtain names, addresses or telephone numbers for solicitation purposes;
- B. harass an individual;
- C. for other uses or purposes specified by regulation.

Neither The City of Medicine Hat Assessment Department nor its staff will be held responsible for the results of such misuse of the information.

Upon receiving the required forms, the City of Medicine Hat must provide the information requested in compliance with the Regulations (see Alberta Regulation 203/2017, 34) within 15 days, **unless the information is available on the City's website**.

FOR OFFICE USE ONLY	DATE REQUESTED BY OWNER/AGENT: _____	Initial _____
	DATE SUBMITTED TO OWNER/AGENT: _____	Initial _____