

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 2025 assessment pertaining to the 2026 taxation year.** This authorization is only valid for the 2026 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 'Current Assessment Detail Request' or '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 MGA, R.S.A. 2000, c.M-26, the Protection of Privacy Act, S.A. 2004, c.P-28.5 and utilized by the Assessment Department to complete their duties under MGA Parts 9-12.

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 (if required) and Schedule of Properties (page 2) must be attached.**

Schedule of Properties

[illegible]

Signature of Assessed Person/Authorized Agent: _____ **Date:** _____

***Authorized Signatories:**

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 individuals that declare their position, within the corporation owning the property, to be:
 - President
 - Vice President
 - Chief Executive Officer (CEO)
 - Chief Financial Officer (CFO)
 - Controller
 - Comptroller
 - Asset Manager
 - Manager of Property & Taxation
 - Manager of Real Estate
 - Director of Real Estate
 - Director of Property & Taxation
3. Where the **owner of the property is a corporation**, the City of Medicine Hat will accept the signature of 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.) **[Use FORM A]**
 - 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 accept the signature of individuals, when supporting documents are provided:
 - 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.) **[Use FORM B]**
 - 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).

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_____.)

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.

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 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_____.)

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.