



Property Assessment Request For Information

Assessed Person's Property Information – Section 299

This form is required when an assessed person or authorized agent is seeking confidential property information about how the assessor assessed a person's property(ies) pursuant to Section 299 of the Municipal Government Act. Only one owner (individual or corporation) is allowed per request form.

SECTION A: Assessed Person Information

Name of Assessed Person: *(Exact individual or corporation name as registered at Land Titles)*

Contact Name (If owner is a Corporation): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Authorized Signature: _____

SECTION B: Authorized Agent/Representative Information

***Please attach an Agent Authorization Form.*

Authorized Corporation Name: _____

Representative Name: _____

Phone Number: _____ Email: _____

Authorized Signature: _____

SECTION C: Information Requested

Please identify the property(ies) you would like a complete Section 299 package for:

	Property Address or Legal Description of Assessed Person's Property	Internal Use Only

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.

SECTION D: Preferred Delivery Method

o Email:

o Fax: _____

o Mail (Paper Copy):

o Pick-Up (Paper Copy)

SECTION E: Acknowledgement and Certification

By signing, I acknowledge and certify that:

- I. I understand that I am requesting property assessment information pertaining to the roll number identified in Section C for the current assessment year only.
- II. I understand that upon receiving the fully completed forms, the Town of Smoky Lake must provide the information for the first five properties in compliance with the regulations within fifteen days, unless the information is available on the Town's website.

Signature of Assessed Person or Agent/Property Representative: _____

Printed Name of Signatory Person and Title: _____

Date: _____

Please send the completed form and any other documentation to:

accountingclerk@smokylake.ca

OR

By mail to:

Town of Smoky Lake
Attn: Tax Department
Box 460
Smoky Lake, AB T0A 3C0

OR

In person at the Town of Smoky Lake Office at:

56 Wheatland Avenue
Smoky Lake, AB T0A 3C0

If you have any questions regarding this form, please contact the Town Office at: 780-656-3674