

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: (E	xact individual or corporation name as registered at Land	l Titles)	
Contact Name (If owner is a	Corporation):		
Mailing Address:			
Phone Number:	Email:		
Authorized Signature:			
SECTION B: Authorized Ag	ent/Representative Information		
**Please attach an Agent Autho	prization Form.		
Authorized Corporation Nam	ne:		
Representative Name:			
	Email:		
Authorized Signature:			
SECTION C: Information R	equested		
Regional Municipality, 2014	the Court of Appeal in Canadian Natural Resources Limited A ABCA 195, the Town of Daysland will no longer process of for information under Section 299. property(ies) you would like a complete Section 299 par	a "partial" request	
Assessment Roll Number	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 Mail (Paper Copy):		
Pick-Up (Paper Copy)		
SECTION E: Acknowledgement and Cer	tification	
By signing, I acknowledge and certify that:		
 I understand that I am requesting property assessment information pertaining to the roll number identified in Section C for the current assessment year only. I understand that upon receiving the fully completed forms, the Town of Daysland 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/Pro	operty Representative:	
Printed Name of Signatory Person and Titl	e:	
Date:		
Please send the comple	ted form and any other documentation to:	
	info@daysland.ca	
	OR	
	By mail to:	

Town of Daysland Attn: Tax Department Box 610 Daysland, AB TOB 1A0

OR

In person at the Daysland Town Office at:
5130 50 Street
Daysland, AB TOB 1A0

If you have any questions regarding this form, please contact the Town Office at: 780-374-3767.