

## Property Assessment Request For Information Comparable Information – Section 300

This form is required when an assessed person or authorized agent is seeking confidential property information pursuant to Section 300 of the Municipal Government Act. Only one owner (individual or corporation) is allowed per request form.

| SEC      | TION A: Assessed Person In                                     | formation                                                                                                                                                                                                                                                 |                                                            |
|----------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Asse     | ssed Person's Roll Number:                                     |                                                                                                                                                                                                                                                           |                                                            |
| Nam      | ne of Assessed Person: (Exact in                               | ndividual or corporation name as registered at Land                                                                                                                                                                                                       | Titles)                                                    |
| Con      | act Name (If owner is a Corpo                                  | ration):                                                                                                                                                                                                                                                  |                                                            |
| Mail     | ing Address:                                                   |                                                                                                                                                                                                                                                           |                                                            |
| Pho      | ne Number:                                                     | Email:                                                                                                                                                                                                                                                    |                                                            |
| Auth     | orized Signature:                                              |                                                                                                                                                                                                                                                           |                                                            |
|          | TION B: Authorized Agent/Fease attach an Agent Authorizatio    | -                                                                                                                                                                                                                                                         |                                                            |
| Auth     | orized Corporation Name:                                       |                                                                                                                                                                                                                                                           |                                                            |
| Rep      | resentative Name:                                              |                                                                                                                                                                                                                                                           |                                                            |
| Pho      | ne Number:                                                     | Email:                                                                                                                                                                                                                                                    |                                                            |
| Auth     | orized Signature:                                              |                                                                                                                                                                                                                                                           |                                                            |
| SEC      | TION C: Information Reques                                     | sted                                                                                                                                                                                                                                                      |                                                            |
| req<br>B | uested in compliance with the assed on the decision of the Cou | s, the Town of Daysland must provide the informatio<br>regulations within fifteen days, unless the informatio<br>website.<br>Int of Appeal in Canadian Natural Resources Limited<br>Town of Daysland will no longer process a "partial" r<br>Section 299. | on is available on the Town's<br>vs. Wood Buffalo Regional |
|          | Please identify the                                            | property(ies) you would like a complete Section 30                                                                                                                                                                                                        | 0 package for:                                             |
|          | Assessment Roll Number                                         | Property Address or Legal Description (Daysland, AB only)                                                                                                                                                                                                 | Internal Use Only                                          |
|          |                                                                |                                                                                                                                                                                                                                                           |                                                            |
|          | The Town of Daysland will a                                    | provide the first three comparable properties to the A                                                                                                                                                                                                    | Assessed person at no                                      |

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.

charge. Additional comparable properties will be subject to a fee of \$30 per property.

| SECTION D: Preferred Delivery Method |  |  |  |  |
|--------------------------------------|--|--|--|--|
| o Email:                             |  |  |  |  |
| 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(s) identified in Section A and C for the current assessment year only.
- II. I understand that if I am requesting more than three comparable properties, any additional property will be subject to a fee of \$30 per property.
- III. I understand that the timelines for providing this information will commence either:
  - a. Upon receipt of payment by the Town of Daysland, if payment is required for providing this information (more than three comparable properties requested), or;
  - b. Upon receipt of this form, if no payment is required (three or less comparable properties requested).
- IV. I understand that upon receiving the fully completed forms including payment (if applicable), 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/Property Representative: |  |
|----------------------------------------------------------------|--|
| Printed Name of Signatory Person:                              |  |
| Date:                                                          |  |

Please send the completed form and any other documentation to:

info@daysland.ca

OR

By mail to:
Town of Daysland
Attn: Tax Department
Box 610
Daysland, AB T0B 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.