

MUNICIPAL DISTRICT OF SMOKY RIVER NO. 130

ASSESSMENT INFORMATION REQUEST



- The purpose of this form is for an assessed person or their authorized agent to request, under **section 300** of the Municipal Government Act (MGA), "to let the assessed person see or receive a summary of the assessment of any assessed property in the municipality."
- To be considered a valid request, this form must be completed in full and submitted with the appropriate fee as outlined in the Municipal District of Smoky River No. 130 Rates, Fees and Disbursement Bylaw.
- Illegible, inaccurate, or incomplete requests will be rejected. Forms submitted by an Agent without a valid Authorization Form or Letter of Authorization will also be rejected.
- Upon receipt of the completed form and the appropriate payment, Municipal District of Smoky River No. 130 Assessor will compile and send the requested information within 15 days.
- Please contact the Municipal District of Smoky River No. 130 at (780) 837-2221 if you require assistance.

A. Property Assessment Account for Which Information is Requested

Is the requestor the: Property Owner Agent (if agent, please complete Section B)

Name of assessed person on the property assessment notice _____

Contact Name _____ Contact Phone# _____

Property Location _____ Property Assessment Roll # _____

B. Agent Information (if applicable)

Agent Name _____ Agent Phone Number _____

Agent Authorization form submitted? Yes Date _____ No

C. Preferred Method of Receipt

Fax# _____ Email _____

Pick-up (Contact Information) _____

Mail _____

D. Properties Requested (Maximum of 5 per request)

1. _____
2. _____
3. _____
4. _____
5. _____

E. Acknowledgement and Certification

By signing below, I acknowledge and certify that:

- I understand that, if I complete Part B of this form, I will only receive information from the Assessor after a valid/current Letter of Authorization has been submitted.
- I understand that, I am requesting property assessment information pertaining to the property assessment roll number identified in Part A for the current year of assessment only.
- I understand that a fee as described above must be received with the submission of this form and I certify it has been included with this request.

Signature of Assessed Person/Agent _____

Printed Name of Signatory Person and Title _____

Date _____