

## Property Assessment Information Request Form Assessed Person's Property

## **Municipal District of Taber**

4900B - 50 Street Taber, AB T1G 1T2 Phone: 403-223-3541 Fax: 403-223-1799

The purpose of this form is for an assessed person, or their authorized agent, to request under **section 299** of the Municipal Government Act, "information to show how the assessor prepared the assessment of that person's property".

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 Taber's Fees and Services By-law No. 1867:

Residential (3 or fewer dwellings) - \$25/roll number

Farmland - \$25/roll number

Residential (4 or more dwellings) - \$75/roll number

Non-Residential (inc M&E) - \$250/roll number

Illegible, inaccurate, on incomplete requests will be rejected. Forms submitted by an Agent without a valid Authorization Form or Letter of Authority will also be rejected. If you require assistance please contact Assessment.

Upon receipt of the completed form and the appropriate payment, the MD of Taber Assessment Department will compile and return the requested information within the regulated time frame.

A. Name and Contact Inform	ation (Please Pr	(Please Print and Indicate your selection Clearly)					
Is an agent acting on behalf of the Assesse (if applicable, please complete and submit the Agent	Authorization Form)	es or no)	Yes	No			
Assessed Per	son			Agen	it		
Name:							
Address:							
Phone No.:							
Fax No.:							
Email:							
B. Property Identification	`	int Clearly)					
Please identify the property you are reques	sting information abo	out:					
Roll Number:							
_egal Description: Plan: Blk:	Lot:	Qtr:	Sec:	Twp:	Rge:	M:	
					-		
C. Information Requested	(Please Inc	dicate selctio	ns clearly)				
would like information pertaining to the as		_			_		
•	arket Land	J	Farmlan	d			
Please attach a detailed description of the	information you are	requesting	J.				
D. Aaknawladaamant and Co	artification						
D. Acknowledgement and Co By signing below, I acknowledge and certif							
- I understand, if I circled "Yes" to indicate		t in Part A	I will only r	eceive info	rmation fror	m the	
Assessment Department after a valid/curre					madon noi	11 1110	
I understand that, I am requesting proper					number/pro	perty	
ndicated in Part B for the current year of a	ssessment only.	·					
I understand a fee as described above m	ust be received with	the submi	ssion of this	s form and	I certify it ha	as been	
ncluded with this request.							
Signature		_	-		Date		