



# Property Assessment Information Request Form Assessed Person's Property

## Lacombe County

Lacombe County RR 3 Lacombe, AB T4L 2N3 Phone: 403-782-6601 Fax: 402-782-3820

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 Lacombe County's Fees and Services By-law No. 1371/22:

Residential (3 or fewer dwellings) - \$25/roll number  
Residential (4 or more dwellings) - \$75/roll number

Farmland - \$25/roll number  
Non-Residential (inc M&E) - \$250/roll number

Illegible, inaccurate, or incomplete requests will be rejected. Agent submissions without a valid Agent Authorization Form or Letter of Authority will also be rejected. If you require assistance, please contact us at [assessment@lacombecounty.com](mailto:assessment@lacombecounty.com)

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

### A. Name and Contact Information (Please Print and Indicate your selection Clearly)

Is an agent acting on behalf of the Assessed Person? Yes      No

(if applicable, please complete and submit the Agent Authorization Form)

	<b>Assessed Person</b>		<b>Agent</b>
<b>Name:</b>	_____		_____
<b>Address:</b>	_____		_____
<b>Phone No.:</b>	_____		_____
<b>Fax No.:</b>	_____		_____
<b>Email:</b>	_____		_____

### B. Property Identification (Please Print Clearly)

Please identify the property you are requesting information about:

Roll Number: \_\_\_\_\_

Legal Description: Plan: \_\_\_\_\_ Blk: \_\_\_\_\_ Lot: \_\_\_\_\_ Qtr: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ M: \_\_\_\_\_

### C. Information Requested (Please Indicate selctions clearly)

I would like information pertaining to the assessment of:  
Improvements!                                      Market Land                                      Farmland  
Please attach a detailed description of the information you are requesting.

### D. Acknowledgement and Certification

By signing below, I acknowledge and certify that:  
- I understand if I circled "Yes" to indicate I am using an agent in Part A, I will only receive information from the Assessment Department after a valid/current Letter of Authorization has been submitted. Further, I understand I may be asked to validate the authorizing officers position if the property owner is a corporation.  
- I understand I am requesting property assessment information pertaining to only the roll number/property indicated in Part B for the current year of assessment only.  
- I understand a fee as described above must be received with the submission of this form and I certify it has been included with this request.  
- I understand it is a misuse of the information if it is used to: a) obtain names, addresses or telephone numbers for solicitation purposes; b) harass an individual; c) for any other uses or purposes not specified by regulation. Neither Lacombe County or its staff will be held responsible for the results of such misuse of the information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date