



## Agent Authorization Form Request for Assessment Information

### Important Information:

This form must be completed when an agent or representative is acting on behalf of the property owner. This form must accompany the Section 299/300 request for information form. Upon receipt of the completed forms and the appropriate payment, the Lacombe County Assessment Department will compile and send the requested information within 15 days. Illegible, inaccurate, or incomplete forms will be rejected. This form applies to the 2023 assessment pertaining to the 2024 taxation year. This form is only valid for the 2024 tax year. Please contact the Lacombe County Assessment Department if you require assistance.

### Owner or Assessed Person and Property Information

Assessed Person(s) Name or Company \_\_\_\_\_

Name of Authorized Person (if corporation) \_\_\_\_\_

Title/Position of Authorized Person \_\_\_\_\_

Assessment Roll (attach list if necessity) \_\_\_\_\_

Property Address \_\_\_\_\_

Legal Land Description \_\_\_\_\_

Contact Phone \_\_\_\_\_

### Agent Information (agent means a person or company who for a fee or potential fee acts on behalf of an assessed person)

Agent Name \_\_\_\_\_

Agent Contact Name (if different) \_\_\_\_\_

Position Held \_\_\_\_\_

Agent Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### Acknowledgement and Certification

By Signing below, I acknowledge and certify that:

- I am the assessed person or a legally authorized officer of the assessed person as indicated above
- I understand that this form is only applicable for the 2014 Assessment/2015 Tax year.
- I understand that this authorization is only applicable to the property identified above.

\_\_\_\_\_  
Printed Name of Signatory Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position of Authorized Officer

\_\_\_\_\_  
Date