



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 299 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 2015 assessment pertaining to the 2016 taxation year. This form is only valid for the 2016 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 2015 Assessment/2016 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