



**2016 Assessed Person’s Property 299/300 Request Form**  
**To be submitted with Request for Assessment Information**

**Important Information:**

The purpose of this form is for an assessed person, or their authorized agent, to request under Section 299/300 of the Municipal Government Act.

This form must be completed in full and submitted with payment of a \$75.00 fee per requested roll. Upon receipt of the completed form and the appropriate payment, Lacombe County will compile and send the requested information within 15 days. Illegible, inaccurate, or incomplete forms will be rejected. Please contact the Lacombe County Assessment Department at (403) 782-6601 if you require assistance.

**Property Assessment account for which information is requested (please print)**

Is the Requestor the: ☐ Property Owner or ☐ Agent

Name of the Assessed Person on the 2016 Assessment Notice:

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Property Roll #: \_\_\_\_\_

(If the request is for more than one account, please attach a list of all Roll numbers)

**Agent Information** (if applicable, please complete and submit the Agent Authorization form)

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

Agent Contact Name: \_\_\_\_\_

Agent Contact Phone: \_\_\_\_\_

**Preferred Method of Receipt** (please select a method and provide required information)

Email \_\_\_\_\_

Mail (address if different from above) \_\_\_\_\_

**Acknowledgement and Certification**

By signing below, I acknowledge and certify that:

- I understand that, if I am acting as an agent on behalf of the assessed person, I will only receive information from the Assessment Department after the 2016 Agent Authorization form has been submitted to the Assessment Department.
- I understand that, I am requesting property assessment information pertaining to the property assessment roll number(s) identified above for the 2015 assessment for 2016 tax year only.
- I understand that a fee of \$75.00 per roll request is due and payable upon submission of this form and has been included with this request.

\_\_\_\_\_  
Signature of Assessed Person / Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory Person and Title