



ASSESSMENT INFORMATION 299/300 REQUEST FORM

4909-50 Street, Vegreville, AB, T9C 1R6 Phone: 780-632-2082
<https://www.minburncounty.ab.ca>

Application Date _____

Tax Roll No. _____

Land/Parcel Information:

Quarter _____ Section _____ Township _____ Range _____ W4M

Lot _____ Block _____ Plan _____

Hamlet / Subdivision Name (if applicable) _____

Rural Address _____

(If the request is for more than one property, please attach a list of all parcels)

Property Owner(s) Information:

Name(s) _____

Mailing Address _____

Town/City _____ Postal Code _____

Home Phone _____ Business Phone _____

Email _____

Assessment Information Applicant(s) (if different from Property Owner(s)):

Name(s) _____

Mailing Address _____

Town/City _____ Postal Code _____

Home Phone _____ Business Phone _____

Email _____ Authorized Agent of Owner(s): Yes ☐ No ☐

Owner(s) Consent (If Applicant is Authorized Agent)

I/We, the above-named property owner(s), do hereby authorize the applicant to request assessment information in accordance with Section 299 of the *Municipal Government Act*.

SIGNATURE OF OWNER(S) _____ / _____

I/We the Applicant(s) acknowledge that if acting on behalf of the assessed person(s), the Owner(s) must consent to assessment information being released. If I/We is neither the owner(s) or authorized agent(s), we will only receive information that does not breach necessary confidentiality as per Section 300 of the *Municipal Government Act*. Completed applications can be emailed, mailed or hand delivered to the above noted addresses.

SIGNATURE OF OWNER(S) / APPLICANT(S) _____ / _____

Collection and Use of Personal Information

Personal information is collected in accordance with Section 4 of the *Protection of Privacy Act (POPA)*. It will be used to process the request. If you have any questions about the collection and use of the information, contact 780.632.2082.