<i>ب</i> ناو	ADMINISTRATION POLICY	POLICY NO:	M-6
Legislation Reference	MGA – Section 299		

Purpose

To outline the process to be used when a property owner requests detailed information about an assessment under the provisions of Section 299 of the *Municipal Government Act*.

Policy Statement and Guidelines

When a property owner requests detailed information regarding a property assessment under Section 299 of the *Municipal Government Act*, the attached Form will be provided to the requestor.

All direction of the form should be followed with instructions to the requestor that the form should be sent directly to Wildrose Assessment Services.

There is no fee for filing this request.

Policy Approval Signature:

(CAO, Village of Beiseker)

Policy Approval Date: July 17/23



VILLAGE OF BEISEKER

OFFICE OF MAYOR AND MUNICIPAL ADMINISTRATOR

P.O. Box 349 Beiseker, Alberta TOM 0G0 email: beiseker@beiseker.com www.beiseker.com

PROPERTY ASSESSMENT REQUEST FOR INFORMATION Assessed Person's Property Information - Section 299

This form is required when an assessed person or authorized agent is seeking confidential property information about how the assessor assessed a person's property pursuant to Section 299 of the Municipal Government Act (MGA). Only one owner (individual or corporation) is allowed per request form.

Assessed person is defined in the MGA, Part 9 as "a person who is named on an assessment roll in accordance with Section 304". If the Assessed person is a company or corporation, verifiable proof of signing authority is required to be submitted along with this form for the person signing in place of "signature of assessed person", before the request will be processed.

Name of Assessed Person:	
•	ame as registered at Land Titles.
	poration):
Phone Number:	E-mail:
Signature of Assessed Person:	
	ENT/REPRESENTATIVE INFORMATION
**Please attach a letter of autho	prization to this request.
**Please attach a letter of autho Authorized Corporation Name: _	orization to this request.
**Please attach a letter of authon Authorized Corporation Name: _ Representative Name:	prization to this request.
**Please attach a letter of autho Authorized Corporation Name: _ Representative Name: Phone Number:	orization to this request.
**Please attach a letter of authon Authorized Corporation Name: _ Representative Name: _ Phone Number: _ I, the assessed person understar	erization to this request. E-mail or Fax Number:

SECTION C: INFORMAT	TION REQUESTED
Identify the property(ies)	you would like a complete Section 299 package for.
Roll Number	Property Address or Legal Description of Assessed Person's Property
SECTION D: PREFERRE	D DELIVERY METHOD
Fax: Mail (Paper Copy)	
SECTION E: ACKNOWL	EDGEMENT AND CERTIFICATION
number(s) identified in S II. I understand that the t submission of verifiable p authority on behalf of th Assessment Services. IV. I understand that upon	e and certify that: requesting property assessment information pertaining to the roll ection C for the current assessment year only. timelines for providing this information will commence upon receipt of proof that the person signing in place of the assessed person has signing e assessed person (if applicable) and this will be verified by Wildrose on receiving the fully completed documentation, Wild Rose Assessment Services tion for the property in compliance with the regulations within fifteen days.
Signature of Assessed Pe	erson or Agent/Property Representative:
Printed Name of Signato	ory Person and Title:
Date:	
Please send this complet form and any other documentation to:	
Email: admin@WILDROS	EASSMT.COM

Mail: Wild Rose Assessment Services

#4, 4699 – 61 Street, Red Deer AB T4N 7C9

If you have questions regarding this form, please contact Wild Rose Assessment at: 403-343-3357