# **Assessment Notice: Request for a Copy or Access Code**

Bylaw 17693



This form allows **current property owners** to request a copy of the most recent assessment notice or access code to access their information online at MyProperty.edmonton.ca. Upon receiving this request, the City of Edmonton will mail a copy of the assessment notice to the mailing address on record. To update the mailing address, please see **Alberta Land Titles** 

#### Only one owner (individual or corporation) is allowed per request form.

- Where the owner of the property is an individual (as named on the Land Titles certificate):
  - The Authorization form is to be signed by the owner or someone with Power of Attorney and/or signing authority.
  - If there are multiple owners of a property, only one owner's signature is required
- Where the owner of the property is a corporation (as named on the Land Titles certificate):
  - o Individuals listed as owning 1% or more of the shares of the corporation owning the property.
  - Individuals that have corporate signing authority through a resolution of the corporation.
  - o Individuals signing for the corporation include:

President	Vice President	Chief Executive Officer (CEO)	Chief Financial Officer (CFO)
Controller	Asset Manager	Comptroller	Manager or Director of in
			relation to property assessment

- Where a Property Management Corporation appointing a representative can provide:
  - The signed contract/agreement confirming that they have the authority to act on behalf of the owner (assessed person) of the property in relation to property assessment, or
  - o An Affidavit Form completed in full.

If an affidavit, corporate search or other supporting document is required to confirm authorization, you must provide this information before the City of Edmonton will take any action on the matter. Corporate search cannot be older than 30 days.

Section A: Owner Inf	<u>ormation</u>
Owner's / Corporation's Nar	ne:
	Individual or Corporation Name (as registered at Alberta Land Titles)
Mailing Address:	
Phone Number:	Email / Fax Number:
I (for corporation(s) - na	me and position of authorized signatory <b>must</b> be completed),
Name	, Position
Signature of Owner/Author	rized Signatory Date
	d Property Manager* Information
	est attach a copy of the contract with the owner's confirmation and authorization and/or provide a sworn Affidavit
Agent / Representative N	ame:
Company Name (if applic	able):
Mailing Address:	
Phone Number:	Email and/or Fax Number:
	□ Copy of Notice (Fax or Mail only) □ Access Code
Account:	Address or Legal Description:
Account:	Address or Legal Description:

Submit this form by:

Mail: PO Box 1935 Edmonton AB, T5J 2P3

Email: assessment@edmonton.ca

#### AFFIDAVIT VERIFYING CORPORATE SIGNING AUTHORITY (CORPORATIONS)

ANADA	)	Ι,		
ROVINCE OF	)	of the City of	_	
		in the Province of	_	
		MAKE OATH AND SAY:		
I am a	(pos	sition or job) of	(corporation)	
named in the atta	iched instrument.			
SWORN BEFOR	RE ME at the City	)		
of	, in the Province	)		
of, this_	, thisday of	)Authorized Signatory /	Property Manager	
	, 20	)		
Print Name:		_ Commission Expiry:		
A Commissioner		_ , ,		
and for the Provi	nce of	Commission does not expire		

## Please note:

Completion of this affidavit may not be necessary and is provided as an option for property managers as identified under the provisions of use. Should the affidavit be required, it must be completed in its entirety or it will be deemed invalid.

The information received will be protected in accordance with the privacy provisions of the *Municipal Government Act*, R.S.A. 2000, c.M-26, and the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c.F-25.

## AFFIDAVIT VERIFYING CORPORATE SIGNING AUTHORITY (PROPERTY MANAGERS)

ANADA )	l,	
ROVINCE OF)	of the City of	
	in the Provinc	ce of
	MAKE OATH	AND SAY:
I am a	(position or job) of_	corporatior
I am the property manager for and I manage the property(ies) listed or	n the attached Schedule of F	(name of owner of property) Properties.
	onton in relation to matters as	and have corporate signing authority on behalf of ssociated with assessment and have the ability to ursuant to a
SWORN BEFORE ME at the City	)	
of, in the F	Province )	
of, thiso	day of )	Authorized Signatory / Property Manager
Signature Print Name:	Commis	esion Evniry
Signature Print Name:  A Commissioner for Oaths in	Commis	ssion Expiry:

#### Please note:

Completion of this affidavit may not be necessary and is provided as an option for property managers as identified under the provisions of use. Should the affidavit be required, it must be completed in its entirety or it will be deemed invalid.

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