Request for Assessment Information
Assessed Person’s Property 300 Request Form

Important Information:
• The purpose of this form is for an assessed person, or their authorized agent, to request under section 300 of the Municipal Government Act, “to let the assessed person see or receive a summary of the assessment of any assessed property in the municipality” that may not be available on the Camrose County Assessment website at county.camrose.ab.ca.
• This form must be completed in full and submitted with payment per requested roll as established by the Camrose County Fee For Service Bylaw. Upon receipt of the completed form and the appropriate payment, the Camrose County Assessment Department will compile and send the requested information within 15 days. Illegible, inaccurate, or incomplete forms will be rejected. Please contact the Camrose County Assessment Department at (780) 672-4446 if you require assistance.

Part A - Name, Contact and Property Information of Requestor (please print)
Is the Requestor the Property Owner or Agent (if Agent, please complete Part B)

Name of the Assessed Person on the 2015 Assessment Notice
Name: ____________________________________________________________
Contact Name: ____________________________________________________
Contact Address: ____________________________________________________
Contact Phone: ____________________________________________________
Property Roll #: ____________________________________________________

Part B - Agent Information (if applicable, please complete and submit Agent Authorization form)
Agent Name: _______________________________________________________
Agent Contact Name: ___________________________ Phone: ______________

Part C - Preferred Method of Receipt (please select a method and provide required information)
e-mail: ___________________________________________________________________
Mail (address if different from Part A): ____________________________________________

Part D - Information Requested (multiple rolls to a maximum of 5 may be requested – fees are applied per roll requested)

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<th>Roll # of Comparable Property</th>
<th>Civic Address of Comparable Property</th>
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Part E - Acknowledgement and Certification
By signing below, I acknowledge and certify that:
• I understand that, if I complete Part B of this form, I will only receive information from the Assessment Department after a current Letter of Authorization has been submitted to the Assessment Department.
• I understand that I am requesting property assessment information pertaining to the property assessment roll number identified in Part D for the current assessment and tax year only.
• I understand that a fee as established by the Camrose County Fee For Service Bylaw will be applied per roll requested, and is due and payable upon submission of this form and has been included with this request.

Signature of Assessed Person / Agent: ____________________________________________
Printed Name of Signatory Person and Title: _______________________________________
Date: ______________________________