



Box 600
Crowsnest Pass, AB T0K 0E0
ph: 403-562-8833
f: 403-563-5474

ASSESSMENT INFORMATION REQUEST FORM

Fee is \$25.00 per parcel as per Bylaw 969, 2016 – Fees, Rates and Charges Bylaw

Under Section 299 of the Municipal Government Act, an assessed person or their authorized agent can request information about how the assessor prepared the assessment of the assessed person's property.

Under Section 300 of the Municipal Government Act allows an assessed person or their authorized agent, to request summary assessment information about any assessed property in the Municipality.

Assessment information for properties in the Crowsnest Pass can be found on the Municipal website at www.crowsnestpass.com.

SECTION A: ASSESSMENT INFORMATION

Property Tax Roll Number: _____

Property Address: _____

Legal Description: _____

Name of Assessed Person/Company: _____

The Requestor is: Assessed Person Complete Section B
Agent Complete Section C

SECTION B: ASSESSED PERSON INFORMATION

Contact Name: _____

Telephone Number: _____

Email/Fax: _____

SECTION C: AGENT/REPRESENTATIVE INFORMATION

Authorized Corporation Name: _____

Representative Name: _____

Authorized Signature: _____

Telephone Number: _____

Please provide your preferred method of delivery:

Email: _____

Mail: _____

Pick-up:

Do you require a summary of assessment for the property described in Section A, which includes description of the parcel, any improvements, components of assessment and variables of the valuation process?

Yes No

Do you require a summary of comparable assessed properties in the municipality?

If so, please list the address or roll numbers for the properties you wish to compare (maximum of 5):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

CERTIFICATION:

I understand I am requesting property information pertaining to the property assessment roll number(s) identified in Section A for the current Assessment Role only.

If completing Section C of this form, I will only receive information from the Assessment and Tax Department after the assessed person has granted authorization.

Signature of the Assessed Person/Agent

Date

Printed Name of Signatory on Title

Collection and use of Personal Information:

Personal information is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to manage and administer assessment information requests only. If you have questions regarding the collection, use or disclosure of this information contact the FOIP Co-ordinator at 403-562-8833 or email corporateservices@crowstpass.com