

**Town of Diamond Valley**Box 10, Diamond Valley, AB T0L 0H0  
403-933-4348[info@diamondvalley.town](mailto:info@diamondvalley.town)  
[www.diamondvalley.town](http://www.diamondvalley.town)**Assessment Complaints Agent Authorization**

<b>SECTION 1 – Assessed Person / Taxpayer Information</b>		<b>Tax Year</b>	
Assessed Person(s) or Taxpayer(s) <i>(if the assessed person or taxpayer is a company, enter the complete legal name of the company)</i>			
Business Name (if pertaining to business tax)		Business Owner(s)	
<b>SECTION 2 – Municipal and Property Information</b>		<i>(for designated industrial property go to Section 3)</i>	
Municipality name (as shown on your assessment notice or tax notice)		Assessment Roll or Tax Roll Number	
Property Address		Legal Land Description (i.e. Plan, Block, Lot)	
Property Type <i>(check all that apply)</i> <input type="checkbox"/> Residential property with 3 or less dwelling units <input type="checkbox"/> Farm Land <input type="checkbox"/> Machinery and Equipment <input type="checkbox"/> Residential property with 4 or more dwelling units <input type="checkbox"/> Non-residential property			

**SECTION 3 – Agent Information**

**Note:** Agent means a person or company who for a fee or potential fee acts for an assessed person or taxpayer during the assessment complaint process or at a hearing before a panel of an assessment review board or the Municipal Government Board.

Agent Name		Contact name (if different) and Position Held	
Mailing Address (if different from above)		City/Town	Province Postal Code
Telephone Number <i>(area code)</i>	Fax Number <i>(area code)</i>	Email Address	

**SECTION 4 – Acknowledgement and Certification**

**By signing below, I acknowledge and certify that:**

- I am the assessed person or taxpayer identified in Section 1, or a legally authorized officer of the assessed person or taxpayer.
- To initiate the processing of this agent authorization, I am attaching this agent authorization form to:
  - the complaint form if the agent is authorized to file the complaint on my behalf, or
  - a letter, signed by me on my personal or company letterhead, and the letter is submitted to the municipality's assessment review board clerk or to the chair of the Municipal Government Board, as the case may be, before the hearing of the complaint.
- I provide authority to the agent, as identified in section 3, to represent the assessed person or taxpayer, identified in section 1, to:
  - file a complaint on behalf of the assessed person or taxpayer for the property described on this form,
  - discuss the issues or matters of the complaint with the municipal assessor (or the provincial assessor in the case of designated industrial property),
  - prepare and submit disclosure regarding the complaint,
  - represent the assessed person or taxpayer at hearings before a panel of the assessment review board (or before the Municipal Government Board, in the case of designated industrial property),
  - reach an agreement with the assessor to correct a matter under complaint, and
  - to withdraw the complaint at any time.
- I understand that the assessed person or taxpayer continues to be subject to all applicable provisions of the *Municipal Government Act* and the regulations under that Act, despite any authorization of agency.
- I understand that this document does not act as an authorization of agency for the purposes of Section 299 or Section 300 of the *Municipal Government Act*.
- I understand that the assessed person or taxpayer is liable for any costs awarded against the agent by a panel of an assessment review board (or by the Municipal Government Board in the case of designated industrial property), or for any change in assessment that may result from a hearing.
- I understand that this authorization is only applicable to the tax year entered on this form.
- The agent has disclosed the qualifications, professional designations, certifications, or affiliations of the agent, if any, with respect to property assessment or appraisal.
- I may revoke authorization at any time in writing to the clerk of the assessment review board or the chair of the Municipal Government Board, as the case may be.

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 Signature of the Assessed Person or Taxpayer

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 Printed Name of Signatory Person and Title

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 Date (mm/dd/yyyy)