

Agent/Agent Company Authorization Form

The Saskatoon Board of Revision requires this “Agent/Representative Authorization Form” to be completed when an Agent/Representative is acting on behalf of an interested party for the **20__** assessment year. When an Agent seeks to file an appeal on more than one property with the **same Registered Owner**, the “Schedule of Additional Properties Form” must also be completed along with this form.

This form must be completed, signed, and filed in conjunction with the Notice of Assessment Appeal Form to the Board of Revision prior to a hearing date being set.

Please be advised the “Agent/Representative Authorization Form” and “Schedule of Additional Properties Form” may be subject to verification. If the Authorization Form is submitted electronically, the Board of Revision reserves the right to request the signed original.

Select and complete one of Section A, B, C, or D, and Section E

Property Roll No.:	
Property Civic Address:	Apt/Unit:
Section A: Registered Owner (Corporation)	
Registered Owner Name:	
Corporation Contact:	
Phone Number:	Email:
Authorized Signatory Name (if different from Corporation Contact):	
Position:	
Phone Number:	Email:
Section B: Registered Owner (Non-Corporate)	
Registered Owner Name:	
Phone Number:	Email:
Authorized Signatory Name (if different from Registered Owner):	
Name:	
Position:	
Phone Number:	Email:
Section C: Tenant	
Registered Owner Name:	
Phone Number:	Email:
Name of Tenant:	
Tenant Contact:	
Authorized Signatory Name (if different from Tenant contact):	
Position:	
Phone Number:	Email:

Section D: Property Manager, Property Management Company	
Registered Owner Name:	
Name of Property Management Company:	
Authorized Signatory Name:	
Position:	
Phone Number:	Email:

AND

Section E: Agent/Agent Company/Authorized Individual	
Company Name (if applicable):	
Agent Name/Authorized Individual Name:	
Phone Number:	Email:

Declaration Authorization	
I, _____ (authorized signatory name from A, B, C or D) authorize disclosure of information to the Agent/Agent Company/Authorized Individual named in Section E, to review the assessment of my property and/or to assist with the preparation and/or filing of an appeal of my assessment.	
_____	_____
Signature of Authorized Individual (From completed Section A, B, C or D)	Date