

## Saskatoon – Assessment Information Request Form – 2025

Requested by: (Prin	t Name)		
Signed by:			
Company Name & C	Corp. Position:		
Date of Request:			
(Response time to requ			
possible dependent on	the size of the request)	_	<u></u>
Requested Delivery	Method (Check One)	] Ema	ail Prepaid Courier Fax (<6 pages) Mail
Fax Number:	, , ,		
Office Phone Numb	er:		
Cell Phone Number:	:		
Property Roll Numb	er:		
Property Address:			
	(If m	ore th	an one property, attach a list containing the above information.)
I have an interest in the property as a (check as applicable)			
			Property owner
			<ul> <li>Property manager</li> <li>Tenant occupying the property under a lease agreement</li> </ul>
			Tax Agent* acting for the: Owner
			Tenant
	*Ar	auth	Other, Explain:orization form from the owner or tenant is required if
			g confidential information
Describe Information R	equested*		Check
(Please ensure that requests are clearly stated)  1. Property Attributes Card (Physical Characteristics)			
		2.	Building Sketch (If Available)
			Field Sheet (Valuation Method)
		4.	Other
*Assessment & Valuat	tion reserves the right to deny ac	cess t	o information that it deems as confidential or not relevant to
the subject property's			
How does the information requested relate to the property assessment?			
Office Use Only			
office osc only	Sent by (Print Name):		Via
	Date Sent:		v IQ
	Authorized by (Manager):		
	/ (		
	NAST ASSESSED A CONTRACTOR	_	(200) 075 2004

Send completed form to

Mail: Assessment & Valuation Fax (306) 975-2891 222 3rd Ave N

Saskatoon SK S7K 0J5

Email assessmentsubmit@saskatoon.ca