



## Tenant-Agent/Representative Authorization Form

This form must be completed when an agent/representative (herein referred to as "Agent") is acting on behalf of a tenant for the **2025** assessment year. A Schedule of Additional Properties form (see Schedule of Additional Properties) must be used in conjunction with the Agent/Representative Authorization Form when information is being sought on more than one property. If you have any questions about the collection and use of this information, please contact City of Saskatoon Assessment and Valuation at 975-3227.

This form must be completed, signed and filed with City of Saskatoon Assessment and Valuation prior to releasing information to the Agent named in respect to the property described in this form or on the attached Schedule and is only applicable for the year identified above.

**SECTION A: Tenant Authorization (Please print)**

I, (Tenant) \_\_\_\_\_ authorize disclosure of :

Property information to the Agent/Representative named in Section C, to review the assessment of my property or to assist with the preparation of an appeal of my assessment.

**I understand and agree that this information cannot be used for any other purpose. I also understand that this does not constitute a notice of appeal.**

**SECTION B: Tenant and Property Information (Please print)**

Name of Tenant: \_\_\_\_\_

If company, name and position of authorized signatory: \_\_\_\_\_

Tenant /Company Mailing Address: \_\_\_\_\_

Tenant Phone Number ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Roll Number (9 digits): \_ \_ \_ \_ \_

Property Address \*: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

**SECTION C: Agent/Representative Information (Please print)**

Company name: \_\_\_\_\_ Agent/Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Tenant or Authorized Signatory Named in Section B**

\_\_\_\_\_  
**Date**

Return completed original form to Assessment and Valuation: email: [assessmentsubmit@saskatoon.ca](mailto:assessmentsubmit@saskatoon.ca)  
fax: 306-975-2891  
mail: 222 3rd Ave N Saskatoon, SK S7K 0J5

*\* If this authorization is for more than one property, attach a completed, signed Schedule of Additional Properties. The City of Saskatoon reserves the right to verify the information prior to acceptance of this authorization.*

***\*Please retain a copy of this completed form. Copies may be required to be included with a Request for Information where the information requested is confidential.***

# Schedule of Additional Properties

The Schedule of Additional Properties form is to be used in conjunction with the Agent/Representative Authorization form when information is being sought on more than one property. This form must be signed by the Owner/Tenant/Manager before information relating to those additional properties is released.

**Section A: Authorization for Additional Properties**

Property Roll No. (9 digits) _____ Owner Name: _____ Property Address: _____ _____	Property Roll No. (9 digits) _____ Owner Name: _____ Property Address: _____ _____
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Property Roll No. (9 digits) _____ Owner Name: _____ Property Address: _____ _____	Property Roll No. (9 digits) _____ Owner Name: _____ Property Address: _____ _____

\_\_\_\_\_  
**Signature of Tenant or Authorized Signatory**  
 (Named in Section B of the Agent/Representative Authorization form)

\_\_\_\_\_  
**Date**