



Agent/Representative Authorization Form

SAMA requires this ‘Agent/Representative Authorization Form’* to be completed when an agent/representative (herein referred to as “Agent”) is acting on behalf of a property owner for the _____ (year) assessment year. When information is being sought on more than one property, the ‘Schedule of Additional Properties Form’* must also be completed in conjunction with this form.

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

Section A: Owner / Tenant / Property Manager Authorization *(Please Print)*

(Check box that applies) Owner Tenant Authorized Property Manager *(As the Authorized Property Manager, the duties set out in our management agreement include the management and supervision of property taxation, assessment, administration and appeals.)*

I, (Owner/Tenant/Property Manager’s name) _____ authorize disclosure of 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: Property Information *(Please Print)*

Name of Registered Owner/Tenant/Property Manager: _____

If company, provide name and position of authorized signatory: _____

Owner/Company Mailing Address: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Assessment ID Number: _____ Municipality: _____

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 Owner or Authorized Signatory named in Section B **Date**

- Please return the completed form, by email to the appropriate Regional Office (toll free phone numbers are also listed):**
- | | |
|---|--|
| <p>Melfort melfort.region@sama.sk.ca
1-800-216-4427</p> <p>Moose Jaw moosejaw.region@sama.sk.ca
1-866-398-7889</p> <p>Regina regina.region@sama.sk.ca
1-800-498-0578</p> <p>Saskatoon Saskatoon.region@sama.sk.ca
1-800-667-5203</p> <p>Revaluation Unit revaluation.unit@sama.sk.ca
1-866-828-2133</p> | <p>North Battleford northbattleford.region@sama.sk.ca
1-800-824-2570</p> <p>Swift Current swiftcurrentregion@sama.sk.ca
1-800-498-0574</p> <p>Weyburn weyburn.region@sama.sk.ca
1-800-498-0575</p> <p>Yorkton yorkton.region@sama.sk.ca
1-800-498-0576</p> <p>Industrial Unit industrial.unit@sama.sk.ca
1-800-667-7262</p> |
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*The ‘Agent/Representative Authorization Form’ and ‘Schedule of Additional Properties Form’ is subject to verification. If returned by fax or electronically, SAMA reserves the right to request the signed original.
 ** If this authorization is for more than one property, attach a completed, signed Schedule of Additional Properties.

Schedule of Additional Properties Form

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/Property Manager before information relating to those additional properties is released.

Section A: Authorization for Additional Properties

Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____	Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____
Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____	Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____
Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____	Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____
Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____	Assessment ID Number : _____ Property Address: _____ Municipality: _____ Owner Name: _____ Phone #: _____ Fax#: _____ E-Mail: _____

Signature of Owner or Authorized Signatory
 (named in Section B of the 'Agent/Representative Authorization Form')

Date