



Agent/Agent Company Authorization Form

SAMA requires this “Agent/Agent Company Authorization Form” to be completed when an Agent/Agent Company is acting on behalf of a property owner for the _____ assessment year. When information is being sought on more than one property with the **same Registered Owner**, 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/Agent Company in respect to the property(ies) described in this form and attached Schedule.

Please be advised the “Agent/Agent Company Authorization Form” and “Schedule of Additional Properties Form” are subject to verification. If the authorization form is submitted electronically, SAMA reserves the right to request the signed original.

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

Assessment ID Number:	Municipality:	
Property Civic Address:	Apt/Unit:	
Section A: Registered Owner (Corporation) (Provide copy of current Corporate Registry)		
Registered Owner Name:		
Phone Number:	Email:	
Authorized Owner 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:		
Authorized Tenant Signatory Name:	Position:	
Phone Number:	Email:	
Section D: Property Manager, Property Management Company		
Registered Owner Name:		
Phone Number:	Email:	
Name of Property Management Company:		
Authorized Property Manager Signatory Name:	Position:	
Phone Number:	Email:	

Section E: Agent/Agent Company/Authorized Individual

Company Name (if applicable):

Agent Name/Authorized Individual Name:

Mailing Address:

Phone Number:

Email:

I, _____ (authorized signatory name) authorize disclosure of information to the Agent/Agent Company/Authorized Individual named in Section E, 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.

Signature of Authorized Individual (From completed Section A, B, C or D)

Date

Please return the completed form, by email to the appropriate Regional Office

melfort.region@sama.sk.ca

weyburn.region@sama.sk.ca

moosejaw.region@sama.sk.ca

yorkton.region@sama.sk.ca

regina.region@sama.sk.ca

industrial.unit@sama.sk.ca

saskatoon.region@sama.sk.ca

revaluation.unit@sama.sk.ca

northbattleford.region@sama.sk.ca

swiftcurrent.region@sama.sk.ca

Schedule of Additional Properties Form

The "Schedule of Additional Properties Form" is to be used in conjunction with the "Agent / Agent Company Authorization Form" when information is being sought on more than one property owned by the **same Registered Owner**. This form must be signed by the **Authorized Signatory listed in chosen Section A, B, C or D** before information relating to those additional properties is released.

Section A: Authorization for Additional Properties

Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:
Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:	Assessment ID Number: Property Civic Address: Municipality: Registered Owner Name:

Signature of Authorized Individual (From completed Section A, B, C or D)

Date