



COUNTY OF MINBURN NO. 27

P.O. Box 550, 4909-50th Street, Vegreville, AB T9C1R6
Phone: (780) 632-2082 Fax: (780) 632-6296
Website: www.minburncounty.ab.ca E-Mail: info@minburncounty.ab.ca

Assessment Information 299/300 Request Form

Tax Roll No. _____ Application Date _____

LAND / PARCEL INFORMATION

Quarter	Section	Township	Range		Hamlet/Subdivision Name	Lot	Block	Plan
				W4				

Rural Address: _____

(If the request is for more than one property, please attach a list of all parcels)

Property Owner(s):

Name(s) _____ Mailing Address _____

Town/City _____ Postal Code _____ Home Ph _____ Business Ph _____

Email _____

Assessment Information Applicant(s) (If different from Property Owner(s)):

Name(s) _____ Mailing Address _____

Town/City _____ Postal Code _____ Home Ph _____ Business Ph _____

Email _____ Authorized Agent of Owner(s) Yes ☐ No ☐

Owner(s) Consent (If applicant is Authorized Agent):

I/We, the above-named property owner(s), do hereby authorize the applicant to request assessment information in accordance with Section 299 of the Municipal Government Act.

SIGNATURE OF OWNER(S) _____ / _____

I/We the Applicant(s) acknowledge that, if acting on behalf of the assessed person(s), the Owner(s) must consent to assessment information being released. If I/We is neither the Owner(s) or Authorized Agent(s) we will only receive information that does not breach necessary confidentiality as per Section 300 of the Municipal Government Act. Completed applications can be emailed, mailed, or hand-delivered to the above noted addresses.

SIGNATURE OF OWNER(S) / APPLICANT(S) _____ / _____