

# Assessment Information Request

The purpose of this form is for an assessed person or their authorized agent to request, under **section 299(1)** of the *Municipal Government Act (MGA)*, information to show how the assessor prepared the assessment on that person's property.

This form must be completed in full and submitted with payment of \$ 35.00 per requested roll. Upon receipt of the completed form and the appropriate payment, Big Lakes County Assessor will compile and send the requested information within 15 days. Please contact Big Lakes County at (780) 523-5955 if you require assistance.

## A. PROPERTY ASSESSMENT ACCOUNT FOR WHICH INFORMATION IS REQUESTED

IS THE APPLICANT THE:  PROPERTY OWNER  AGENT (If so, please complete Section B)

NAME OF ASSESSED PERSON ON THE PROPERTY ASSESSMENT NOTICE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE NUMBER(S): \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_ PROPERTY ASSESSMENT ROLL #: \_\_\_\_\_

## B. AGENT INFORMATION (IF APPLICABLE)

AGENT NAME: \_\_\_\_\_ AGENT PHONE NUMBER(S): \_\_\_\_\_

HAS YOUR AGENT AUTHORIZATION FORM BEEN SUBMITTED?  YES DATE: \_\_\_\_\_  NO

## C. PREFERRED METHOD OF RECEIPT

FAX #: \_\_\_\_\_  EMAIL: \_\_\_\_\_

PICK-UP (Contact Information): \_\_\_\_\_

MAIL: \_\_\_\_\_

## D. HAVE YOU SPOKEN TO THE ASSESSOR? YES NO

If you would like an appointment to speak to the assessor, please call 1-800-251-9711

## E. ACKNOWLEDGEMENT & CERTIFICATION

By signing below, I acknowledge and certify that:

1. I understand that, if I complete Part B of this form, I will only receive information from the Assessor after a 2024 Letter of Authorization has been submitted to the Assessment Department.
2. I understand that I am requesting property assessment information pertaining to the property assessment roll number identified in Part A for the 2023 assessment (2024 Tax) year only.
3. I understand that a fee of \$\_\_\_\_\_ per roll request is due and payable upon submission of this form and has been included with this request.

\_\_\_\_\_  
SIGNATURE OF ASSESSED PERSON/AGENT

\_\_\_\_\_  
PRINTED NAME OF SIGNATORY PERSON & TITLE

\_\_\_\_\_  
DATE

