County of Wetaskiwin Assessment Information Request



The purpose of this form is for an assessed person or their authorized agent to request assessment information about their property, or summary assessment information about other assessed properties (to a maximum of 5 per request) under section 299 & 300 of the Municipal Government Act.

A Property Assessment Account for Which	Information is Requested
1.Is the requestor the: Property owner ☐ Agent ☐ (if agent, please complete Section B)	
2.Name of assessed person on the property assessment notice	
3.Contact name	4.Contact telephone
5.Contact name	4.Contact telephone
5.Property location	6.Property assessment roll number
B Agent Information (if applicable)	
7.Agent name 8.Contact name (if different	ent than above) 9.Agent telephone number
10 (A A	V. D. D. H. D. H. D.
10. 'Agent Authorization' form submitted?	Yes Date No D
C Preferred Method of Receipt	
Fax	Email
Pick-up Contact notification	Mail
D Information Requested	
11. Have you looked for the information requested on the County of Wetaskiwin website?	
Yes No II No II	
for information on property assessments.	
12. Have you spoken with an assessor? Yes \(\pi\) No \(\pi\)	
If you would like an appointment to speak with an assessor, please call (780) 361-6237	
14. List roll number(s) for which additional assessment information is requested (Maximum of 5)	
i.	
ii.	
iii.	
iv.	
V.	
15. The County of Wetaskiwin will provide additional assessment information on the property assessment	
roll number(s) listed above which includes assessment summary reports for residential properties. Do you	
require any additional assessment information to show how the assessor prepared the assessment for the roll numbers? Yes \square No \square	
	at other information below
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I understand I am responsible for the payment of any	fees in accordance with the County of Wetaskiwin
Schedule of fees available on our website.	
I understand I am requesting the property information for the current assessment roll only.	

Signature of Assessed person/ Authorized Agent:______ Date:___