



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 _____ 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 named in respect to the property(s) described in this form and attached Schedule.

Please be advised the “Agent/Representative Authorization Form” and “Schedule of Additional Properties Form” is subject to verification. If forms have been submitted by fax or electronically, SAMA reserves the right to request the signed original.

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

Assessment ID Number:	Municipality:		
Property Civic Address:	Apt/Unit:		
Section A: Registered Owner (Corporation)			
Registered Owner:			
Corporation Contact (from Corporate Registry, provide copy of current Corporate Registry):			
Name:	Phone Number:	Email:	
Authorized Signatory Name (if different from Corporation Contact):		Position:	
Authorized Signatory Mailing Address:			
Authorized Signatory Phone Number:	Email:		
Section B: Registered Owner (Non-corporate)			
Registered Owner:			
Mailing Address:			
Phone Number:	Email:		
Authorized Signatory Name (if different from Registered Owner):			
Name:	Position:	Phone Number:	Email:
Section C: Tenant			
Registered Owner:			
Registered Owner Contact:			
Name:	Phone Number:	Email:	
Name of Tenant:			
Authorized Tenant Signatory Name:		Position:	
Tenant Mailing Address:			
Tenant Phone Number:	Email:		
Section D: Property Manager, Property Management Company			
Registered Owner:			
Registered Owner Contact:			
Name:	Phone Number:	Email:	
Name of Property Management Company:			
Name of Property Manager:			
Authorized Property Manager Signatory Name:			
Property Manager Mailing Address:			
Property Manager Phone Number:	Email:		
Section E: Agent/Representative Information			
Company Name:	Agent Name:		
Mailing Address:			
Phone Number:	Email:		

I, _____ (authorized signatory name) authorize disclosure of information to the Agent/Representative 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	melfort.region@sama.sk.ca	North Battleford	northbattleford.region@sama.sk.ca
Moose Jaw	moosejaw.region@sama.sk.ca	Swift Current	swiftcurrent.region@sama.sk.ca
Regina	regina.region@sama.sk.ca	Weyburn	weyburn.region@sama.sk.ca
Saskatoon	Saskatoon.region@sama.sk.ca	Yorkton	yorkton.region@sama.sk.ca
Revaluation	revaluation.unit@sama.sk.ca	Industrial Unit	industrial.unit@sama.sk.ca

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 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: _____
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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