TROCHU ALBERTA
www.town.trochu.ab.ca

The Town of Trochu
PO Box 340 Trochu, AB T0M 2C0
Phone (403) 442-3085 Fax (403) 442-2528

PROPERTY ASSESSMENT REQUEST FOR INFORMATION
Comparable Property Information - Section 300

This form is required when an assessed person or authorized agent is seeking confidential property information pursuant to Section 300 of the Municipal Government Act. Only one owner (individual or corporation) is allowed per request form.

SECTION A: ASSESSED PERSON INFORMATION

Name of Assessed Person: _____

Exact individual or corporation name as registered at Land Titles.

Contact Name (If owner is a Corporation): _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

Signature of Assessed Person: _____

SECTION B: AUTHORIZED AGENT/REPRESENTATIVE INFORMATION

**Please attach a letter of authorization to this request.

Authorized Corporation Name: _____

Representative Name: _____

Phone Number: _____ E-mail or Fax Number: _____

Authorized Signature: _____

SECTION C: INFORMATION REQUESTED

Identify the property(ies) you would like a complete Section 300 package for. Every property requested will be subject to a fee of $60.00 per residential property and $125.00 per non-residential property

Roll Number	**Property Address or Legal Description of Assessed Person's Property**

The information received will be protected in accordance with the privacy provisions of the Municipal Government Act, R.S.A. 2000, c.M-26, and the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c.F-25.

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SECTION D: PREFERRED DELIVERY METHOD

E-mail: _____

Fax: _____

Mail (Paper Copy) _____

Pick-up (Paper Copy) _____

SECTION E: ACKNOWLEDGEMENT AND CERTIFICATION

By signing, I acknowledge and certify that:

I. I understand that I am requesting property assessment information pertaining to the roll
II. number(s) identified in Section C for the current assessment year only.
III. I understand that the timelines for providing this information will commence upon receipt of
IV. payment if applicable, and the submission of verifiable proof that the person signing in place of
V. the assessed person has signing authority on behalf of the assessed person, by Wild Rose Assessment.
VI. I understand that upon receiving the fully completed documentation and required fee (where applicable), Wild Rose Assessment Services will provide the information for the property in compliance with the regulations within fifteen days.

Signature of Assessed Person or Agent/Property Representative: _____

Printed Name of Signatory Person and Title: _____

Date: _____

Please send this completed
form and any other
documentation to:

Email: admin@WILDROSEASSMT.COM
Mail: Wild Rose Assessment Services
#4, 4699 – 61 Street, Red Deer AB T4N 7C9
If you have questions regarding this form, please contact Wild Rose Assessment at: 403-343-3357

The information received will be protected in accordance with the privacy provisions of the Municipal Government Act, R.S.A. 2000, c.M-26, and the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c.F-25.