

TO BE USED ONLY BY THE PROPERTY OWNER OR AN AUTHORIZED EMPLOYEE OF THE COMPANY

I, the undersigned, consent to the release of information to the below-listed representative for the purpose of assisting the representative while acting on our behalf relating to our properties noted below.

Company / Person providing authorization

Company name (if applicable): _____

Authorizing as (owner / authorized employee of company¹): _____

Name: _____

Position / Title: _____

Contact phone & email: _____

¹ As an authorized employee of said company, you confirm that you possess the permission of the owner to allow release of confidential information to the representative named below. Property Assessment Services retains the right to refuse providing information to anyone other than the owner under Section 12(3.1) of the New Brunswick Assessment Act (R.S.N.B. 1973, c. A-14) and may require supplemental authorization from the owner if deemed necessary.

Any information released pursuant to a request by my/our representative should be forwarded to:

Representative(s) being provided with authorization

Representative / firm name: _____

Mailing address: _____ Email: _____

_____ Phone: _____

_____ Fax: _____

Property Account Number(s):

Property Location(s):

Please number, date and initial by the signatory any additional pages listing multiple account numbers and locations.

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The representative previously noted is authorized to receive the following checked items in relation to my/our company's properties which would normally only be released to the property owner:

All matters (including subsequent items)

If "All matters" is selected, the authorized individual will have full access to the account(s) in the same manner as an owner. If "All matters" is not selected, the authorized individual will have access to only those items needed to support the authorized activities.

Replying to SNB requests, including requests and demands pursuant to Sections 8 and 9 of the New Brunswick Assessment Act (R.S.N.B. 1973, c. A-14)

Requests for Review of assessment(s) / Appeals of assessment(s)

This authorization will be in effect:

Until notified in writing by the person(s) providing authorization (includes future tax years)²

Until the following date: _____

For the following tax years: _____

² To protect the property owner's privacy, SNB requests a new authorization form every three years.

The Property Assessment Services division of Service New Brunswick reserves the right to periodically contact property owners respecting status of agency. Property owners may request to speak to an assessor at any time to discuss their assessment(s).

If this form is being signed on behalf of a corporation or any other entity (i.e. society, association, etc.), I confirm by signing that I have authority to bind said corporation or entity and to grant authorization to the representative stated above.

Print name: _____

Signature: _____ **Date:** _____

Submit completed forms to SNB by:

Mail: 850 Lincoln Road
PO Box 1998
Fredericton NB E3B 5G4

Fax: 1-506-453-4005 (within North America)

Email the RFR & Appeal Coordinator:
app-coord-dapp@snb.ca

Questions? Contact SNB:

Call Service New Brunswick at
1-888-762-8600
or visit

MyNBPropertyAssessment.ca