

This form is required when a person other than the owner ("Agent") is seeking confidential property information. It must be completed for all classes of property described in the Prescribed Classes of Property Regulation (B.C. Reg. 438/81) except property classified as Class 1 (residential) that has accommodation for less than three families.

**\* Please Note Change in Return Address \***

This form must be completed, signed, and provided to BC Assessment (BCA) before BCA can release confidential information as described in this request to the authorized person. You can provide the form in the following ways:

- by fax to (250) 595-7623;
- by email to [bcacustomer.services@bcassessment.ca](mailto:bcacustomer.services@bcassessment.ca); or,
- by mail to Attn: HO – Customer Services, BC Assessment, 400 – 3450 Uptown Blvd., Victoria, BC V8Z 0B9

*Please note that it will usually take approximately 8 - 10 business days to process this form.*

**A. General Property Information** (Please Print)

Please list all properties for which you are requesting information. You must provide individual descriptions as requested in the Table below for BCA to determine precisely which properties the authorization pertains to, and to process this request. If you require more room, continue on to the "Schedule of Properties" (page 3) or attach a list to this form. Note that any such additional listing must also be signed at the bottom of each page by the owner (or authorized signatory for a corporate owner) before BCA can release confidential information relating to those additional properties.

Assessment Area	Roll Number	Property Civic Address	Legal Description (if no civic address)

**B. Agent Information**

Agent's/Company's Name: \_\_\_\_\_

Agent's address: \_\_\_\_\_

Agent's daytime telephone: \_\_\_\_\_ Agent's fax number: \_\_\_\_\_

Agent's email address (optional): \_\_\_\_\_

**C. Owner / Authorized Signatory (if Corporate Owner) Information**

Name of owner: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Owner's daytime telephone number: \_\_\_\_\_

Name of authorized signatory (if applicable): \_\_\_\_\_

Position of authorized signatory (if applicable): \_\_\_\_\_

Authorized Signatory's daytime telephone number (if applicable): \_\_\_\_\_

**D. Owner's Authorization** (Please Print)

I, \_\_\_\_\_, authorize disclosure, to my agent, of the following confidential information  
(owner or authorized signatory)

about my property described in the table on page 1 of this form (and in the attached schedule and/or list, if applicable) for the assessment year(s)\* of \_\_\_\_\_. [\*An assessment roll is completed December 31<sup>st</sup> annually. An "assessment year" is the calendar year following the date the roll is completed. For example, if December 31, 2009 is the date the 2010 roll is completed, 2010 would be the "assessment year". You may specify multiple assessment years, (e.g. 2010 – 2011).]

**Until I revoke in writing this authorization, I authorize for the year(s) indicated above, release of the following information (please check (✓) all those which apply):**

- BC Assessment records detailing the physical inventory of the property.
- Details of the method of valuation of the property. This may include costing information and/or details of income, expenses, vacancy or capitalization rate.
- Income and expense statements for the property that have been returned to BC Assessment.
- Other (Describe) \_\_\_\_\_

**I understand that it is a misuse of the information if it is used to:**

- a. obtain names, addresses or telephone numbers for solicitation purposes;
- b. harass an individual;
- c. for other uses or purposes specified by regulation.

**Neither BC Assessment nor its staff will be held responsible for the results of such misuse of this information.**

**I also understand that this does not constitute a letter of appeal to the Property Assessment Review Panel under s.32 of the *Assessment Act* or to the Property Assessment Appeal Board under s.50 of that *Act*.**

\_\_\_\_\_  
Signature of Owner or Authorized Signatory

\_\_\_\_\_  
Date (Year/Month/Day)

