

Individual

Attention: Tax Department

In Connection with the Release of Property Tax/Assessment Information I/We the undersigned hereby authorize:

Name of authorized person (please print)

Contact information for authorized person named above:

Email:

Phone Number:_____

Mailing Address: _____

To receive tax and/or assessment related information for the property listed below. A letter of authorization is required for each roll number.

| Roll Number: 2415 | | 0000 |
|---|-----------------|------------|
| Civic Address: | | |
| Authorization is valid for the period of: | to | |
| | YYYY-MM-DD | YYYY-MM-DD |
| | | |
| Owner Name – Please Print | Owner Signature | |
| | | |
| Owner Name – Please Print | Owner Signature | |
| Owner Contact Information: | | |
| Email: | | |
| Phone Number: | | |

Please remit completed forms to: Town of Halton Hills, 1 Halton Hills Drive, Halton Hills ON L7G 5G2 or by email to taxdepartment@haltonhills.ca.

Notice with respect to Personal Information

The personal information on this form is being collected under the Authority of the Municipal Act, Section 10, for the purposes of maintaining the integrity and accuracy of our data.