

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: 3650-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-0000

Civic Address: \_\_\_\_\_

Authorization is valid for the period of: \_\_\_\_\_ to \_\_\_\_\_  
YYYY-MM-DD YYYY-MM-DD

\_\_\_\_\_  
Name\* – Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name\* – Please Print

\_\_\_\_\_  
Signature

\*owner or authorized person to bind the corporation

Owner/Corporation Contact Information:

Registered Business Name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please remit completed forms to: Municipality of Chatham-Kent, 315 King St W PO  
Box 640, Chatham ON N7M 5K8 or by email to [CKAR@chatham-kent.ca](mailto:CKAR@chatham-kent.ca).**

Where a facsimile number or e-mail is provided within this document, when transmitted electronically to a facsimile or email address, the signature(s) of the party shall then be deemed as an original signature. Personal information contained on this form is collected by The Municipality of Chatham-Kent under the authority of the Municipal Act, 2001 and will be used by Accounts Receivable Services staff for the purpose of processing your application and contacting you for property taxation related matters. Questions regarding the collection and use of this information may be directed to the Municipal Clerk, 315 King Street West, Chatham, ON N7M 5K8, or by telephone at 519.360.1998 or email to ckclerk@chatham-kent.ca.