

# Representative Authorization Form 2019 Tax Year



As a property owner, your information is confidential. If you want another person to act as your representative for property assessment matters with the Municipal Property Assessment Corporation (MPAC) for the 2019 property taxation year, we need to get your permission (authorization) to deal with that person. To give your permission, please fill out this form. Filling out this form means you are giving MPAC permission to provide your property information to your representative.

**FOR INTERNAL USE ONLY**  
DTS Log # \_\_\_\_\_

Only certain people can act as your representative. Please see page 3 for more information. If you have any questions about how MPAC collects and uses the information on this form, please contact us at 1 866 296-6722 or TTY 1 877 889-6722.

## Section A: Registered Owner and Property Information

Roll Number (a 19-digit number that is on page 1 of your Property Assessment Notice)

\_\_\_\_\_

<b>Name of Registered Owner (Individual or Company Name)</b>	
If the property is registered in a company name, provide the position of the person who has the authority to sign for the company	
<b>Property Address</b>	<b>Apt/Unit</b>
<b>City</b>	<b>Postal Code</b>
<b>Owner/Company Mailing Address</b>	

## Section B: Your Relationship to the Property

<b>I am</b>	Owner	Employee of Owner	Authorized Property Manager <sup>1</sup>	Tenant <sup>2</sup>
I, _____, authorize the release of my information to the person (my representative) whose name is in Section C. I understand that this form is not a letter of appeal to the Assessment Review Board under Section 33, 34, or 40 of the <i>Assessment Act</i> .				
I also acknowledge that this form is not a Request for Reconsideration under section 39.1 of the <i>Assessment Act</i> .				
<b>Phone Number</b>	<b>Email</b>			

<sup>1</sup> Duties include the management and supervision of property taxation, assessment, administration and appeals.

<sup>2</sup> Tenants are entitled to receive only information about their specific unit/dwelling.

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## Section C: Information About the Person Who Will Represent Me

Company Name (If Applicable)	Representative Name
Mailing Address	
Phone Number	Fax Number
Email	

## Section D: Representation of Multiple Properties

If you are authorizing your representative to act on your behalf for more than one property, please complete the attached Schedule of Additional Properties form. For 50 or more properties, you must include a list of them with your completed Representative Authorization Form, in an electronic file (email attachment or flash drive) that has information on the properties that you own, lease or manage. Please make sure you include the following categories of information in the electronic file: Roll Number, property address, owner/tenant/property management company's name, client ID, property affiliation (owned, tenanted or managed) and agency name.

MPAC may contact you to confirm that the information in this form is complete and accurate. MPAC may also ask to see the signed original form.

\_\_\_\_\_  
**Signature of Owner or Authorized Signatory Name in Section A**

\_\_\_\_\_  
**Date**

The personal information that you provide is collected by MPAC under the authority of sections 10, 11, 14, 15, 16 and 16.1 of the *Assessment Act*. Pursuant to MPAC's statutory obligations, your personal information will be used primarily for property valuation and assessment purposes, but will also be used for municipal and school board planning purposes, preparation of the Preliminary List of Electors which is used by municipalities and school boards to create the final Voters' Lists used for election purposes, preparation of jury lists and population reports. In addition, MPAC may use your information to obtain feedback, conduct surveys and enhance the aforementioned program delivery. If you have questions regarding this collection, please contact an MPAC Customer Service Representative at 1 866 296-6722 or by TTY at 1 877 889-6722 or by mail to MPAC, PO Box 9808, Toronto ON M1S 5T9.

MPAC takes privacy very seriously and we are committed to the protection of your personal information under the *Municipal Freedom of Information and Protection of Privacy Act*. MPAC will only access, use and disclose your personal information with your consent or where it is permitted or required by law.

**Please send your form to MPAC in one of the following ways:**



[mpac.ca/ContactUs](http://mpac.ca/ContactUs)



**Mail:** MPAC, PO Box 9808  
Toronto On M1S 5T9

## Authorizing Someone to Be Your Representative: What You Need to Know

### Who can be my representative?

Only certain people can be your representative with MPAC. The *Law Society Act* requires that anyone who provides legal services as your representative must be a licensed paralegal.

However, certain people can be your representative with MPAC, even if they are not licensed as a paralegal, such as:

- a family member, friend or neighbour
- someone representing a non-profit organization
- someone who is an employee of an organization (but they can only represent the organization they are employed with, and no one else)
- a constituency assistant (someone who works for an elected representative such as a Member of the Provincial Parliament)
- a member of the Human Resources Professional Association of Ontario (HRPAO), provided that they send MPAC (see contact information below) their membership number or other information that proves they are a member

If you would like someone to represent you and he or she is not a licensed paralegal, you (or the property owner) will need to complete and send MPAC a Representative Authorization Form. It gives permission for that person to act as your representative with MPAC on property assessment matters and for MPAC to provide your property information to that person.

For more information, please visit the Law Society of Ontario at [lso.ca/about-lso/legislation-rules/by-laws](http://lso.ca/about-lso/legislation-rules/by-laws).

### My representative is a licensed paralegal. What does my representative need to do to act on my behalf?

If your representative is a licensed paralegal, he or she does not need to complete this form. However, they must send MPAC the following information:

- the name of their client – your or the company (if applicable)
- whether their client is an owner or tenant of the property
- their Law Society of Ontario licence number

This information can be sent to MPAC at  
PO Box 9808, Toronto, ON M1S 5T9

### Once I give my permission for someone to represent me, how long is it for?

You can only give permission for someone to represent you for the property taxation year that you are submitting the form for. You must submit a new form for each year.

### What is a Request for Reconsideration (RfR)?

If you disagree with MPAC's assessment of your property's value and/or classification as of January 1, 2016, you can ask MPAC to review the assessment to make sure that it is right. This is called a Request for Reconsideration (RfR). You can make this request by completing and sending us an RfR form. There is no cost to do this. For more information, visit [mpac.ca/HowAssessmentWorks/Forms](http://mpac.ca/HowAssessmentWorks/Forms).

# Representative Authorization Form 2019 Tax Year



MUNICIPAL  
PROPERTY  
ASSESSMENT  
CORPORATION

## Schedule of Additional (up to 49) Properties

Please use this form when someone is representing you on more than one property (2 to 49 properties). For 50 or more, please see Section D of the Representative Authorization Form for the information that you must provide. Please note, you must send the information on 50 or more properties to MPAC as an attachment to an email to MPAC or on a flash drive. The owner, tenant or manager of the properties must fill out and sign this form before MPAC can release property information to your representative.

<b>Roll Number (19 digits)</b>
<b>Owner Name</b>
<b>Property Address</b>

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PROPERTY  
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Owner Name
Property Address

\_\_\_\_\_  
**Signature of Property Owner or Authorized Signatory**  
*(Named in Section A of the Representative Authorization Form)*

\_\_\_\_\_  
**Date**