



Representative Authorization Form 2015 Tax Year

FOR INTERNAL USE ONLY

DTS Log #. _____

This form must be completed when a representative is acting on behalf of a property owner for the 2012 assessment pertaining to the 2015 taxation year. A Schedule of Additional Properties form, in either paper (see Schedule of Additional Properties) or electronic format (see Section D), must be used in conjunction with the Representative Authorization Form when information is being sought on more than one property.

The provisions of use of this form are detailed on page 2. If you have any questions about the collection and use of this information, please contact us at 1 866 296-MPAC (6722) or 1 877 889-MPAC (6722) TTY.

This form must be completed, signed and filed with MPAC prior to MPAC releasing information to the representative named in this form or in the attached Schedule*.

Section A: Owner / Tenant / Property Manager Authorization (please print)

Please check box that applies

Owner Tenant Authorized Property Manager* Employee of Owner*

**Duties include the management and supervision of property taxation, assessment, administration and appeals*

I, (Owner/Tenant/Property Manager's name) _____ authorize disclosure of information to the representative named in Section C. I understand that this document does not constitute a letter of appeal to the Assessment Review Board under Section 33, 34, or 40 of the *Assessment Act*.

I also acknowledge that this document does not constitute a Request for Reconsideration under Section 39.1 of the *Assessment Act*.

Section B: Owner and Property Information (please print)

Name of company (if applicable):

If company, name and position of authorized signatory:

Roll Number** (19 digits):

Property Address**:

Apt/Unit: _____

City: _____

Postal Code: _____

Owner/Company Mailing Address:

Phone Number: () _____ Fax Number: () _____

Email: _____

* This Representative Authorization Form is subject to verification and MPAC reserves the right to request the signed original.

** If this authorization is for more than one property, attach a completed, signed Schedule of Additional Properties.

Section C: Representative Information (please print)

Company Name: _____

Representative Name: _____

Mailing Address:

Phone Number: () _____ Fax Number: () _____

Email: _____

Section D: Representation of Multiple Properties

For 2 to 49 properties, please complete the attached Schedule of Additional Properties form.

An electronic Schedule is required where 50 Properties or More are involved.

Please see the **Section E** detailed requirements.

Signature of Owner or Authorized Signatory Named in Section B

Date

Return completed form via:

mpac.ca **Select the Contact Us form and submit form electronically**

Fax **1 866 297-6703**

Mail Municipal Property Assessment Corporation
Customer Contact Centre
Re: Authorization Form
P.O. Box 9808
Toronto ON M1S 5T9

Section E: Electronic Schedule of Properties for 50 Properties or More (please print)

The properties that either I own, lease or manage are included in the attached electronic spreadsheet file.

File Name: _____

File type (i.e.Excel): _____

File Date is: _____

Number of Properties: _____

The file must contain the following fields: Roll Number, Property Address, Owner/Tenant/
Property Management Company's Name, Client ID, Property Affiliation (owned, tenanted or managed)
and Agency Name.

Persons Licensed to Practice Law or Provide Legal Services:

Persons licensed by the Law Society of Upper Canada (LSUC) to practice law or provide legal services are not required to complete the Representative Authorization Form. Licensed persons are requested to submit in writing the name of their client and whether their client is an owner or tenant of the property as well as provide their LSUC license number.

Other Representatives:

The Law Society Act prohibits anyone from providing legal services as a representative or paralegal, if that person has not applied to the Law Society under the grand-parenting provisions for licensing as a paralegal. The only exceptions to this prohibition to providing legal services are the persons set out in paragraphs 1 to 7 inclusive of subsection 30(1) of By-Law No. 4. For such persons, MPAC will continue to require a Representative Authorization Form signed by the property owner.

Persons exempted from licensing include:

- an individual acting for family, friend or neighbour,
- an individual acting for a non-profit organization,
- an individual who is employed by a single employer and provides the legal services only for that employer and to no person other than the employer.
- a constituency assistant.

In addition, members of the following organizations have a limited exemption from Law Society licensing, if they provide legal services only occasionally, and ancillary to the carrying on of their profession or occupation:

- Human Resources Professionals Association of Ontario;
- Board of Canadian Registered Safety Professionals; and,
- Appraisal Institute of Canada (in the designated membership category)

Members of these organizations should provide a membership number or suitable identifier. For more information about the Law Society of Upper Canada By-Law No. 4, please refer to their website <http://www.lsuc.on.ca/by-laws/>

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** If this authorization is for more than one property, attach a completed, signed Schedule of Additional Properties.

Schedule of Additional Properties

The Schedule of Additional Properties form is to be used in conjunction with the Representative Authorization Form when information is being sought on more than one property. This form must be signed by the Owner/Tenant/Manager, before the Municipal Property Assessment Corporation will release information relating to those additional properties. For more information, please contact us at 1 866 296-MPAC (6722) or 1 877 889-MPAC (6722) TTY.

Section A: Authorization for 49 Properties or Less (please print)

Roll No. (19 digits): _____ Owner Name: _____ Property Address: _____ _____	Roll No. (19 digits): _____ Owner Name: _____ Property Address: _____ _____
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Roll No. (19 digits): _____ Owner Name: _____ Property Address: _____ _____	Roll No. (19 digits): _____ Owner Name: _____ Property Address: _____ _____

Signature of Owner or Authorized Signatory
 (Named in Section B of the Representative Authorization form)

Date

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 ** If this authorization is for more than one property, attach a completed, signed Schedule of Additional Properties.