

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

Name of authorized corporation (please print)

Contact information for authorized corporation named above:

Email: _____

Phone Number: _____

To receive tax and/or assessment related information for the property listed below, including a copy of a duplicate tax bill.

Roll Number: 3650-_____-_____-_____-0000

Civic Address: _____

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

It is the responsibility of the corporation named above and/or the property owner to inform the Municipality of Chatham-Kent in writing if a change in ownership occurs and/or this authorization should be revoked for any reason.

Owner Name – Please Print

Owner Signature

Owner Name – Please Print

Owner Signature

Owner Contact Information:

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.

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.