



**COMPARABLE PROPERTY**  
**2020 Request for Information**  
**MGA Section 300**

**Assessment Department**  
580 First Street SE  
Medicine Hat, AB T1A 8E6  
Phone: 403.529.8114  
[assessment@medicinehat.ca](mailto:assessment@medicinehat.ca)

This form is required when seeking property information pursuant to Section 300 of the *Municipal Government Act*.

In order to proceed with the information request, you must have an Accounts Receivable Account set up with the City of Medicine Hat. You can email [assessment@medicinehat.ca](mailto:assessment@medicinehat.ca) to set up an account. You must also be an assessed person within the City of Medicine Hat in order to submit a Section 300 request (see Sections 300 and 304 of the MGA ).

This form must be completed, signed and filed with The City of Medicine Hat Assessment Department prior to releasing information to the Owner and/or Agent named in respect to the requested property information described in this form and is only applicable for the 2020 tax year.

You will be billed according to the amended fee bylaw (Bylaw No 3031 – as per Amended) after your request has been processed (your account will be charged the fee for each property account requested).

**Owner Information** *(Please print)*

Property Owned in the City in Medicine Hat:

Address: \_\_\_\_\_ Tax Roll Account Number: \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

If company, Name and position of authorized signatory: \_\_\_\_\_

Owner/Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email or Fax Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Authorized Signatory**

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

**Agent Authorization**

I, \_\_\_\_\_, authorize disclosure, to my agent, of the following confidential information about my property described on this form.

**Agent/Representative Information** *(Please print)*

Company Name: \_\_\_\_\_ Agent/Representative Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email or Fax Number: \_\_\_\_\_

\*This Agent/Representative Authorization is subject to verification. If returned by fax, the City of Medicine Hat reserves the right to request the signed original.

FOR OFFICE USE ONLY	DATE REQUESTED BY OWNER/AGENT: _____	Initial _____
	DATE SUBMITTED TO OWNER/AGENT: _____	Initial _____

**General Property Information:**

Please list all properties for which you are requesting comparable information.

	<b>Fee</b>	<b>Tax Roll Account Number</b>	<b>Property Address (in Medicine Hat Only)</b>	<b>Legal Description (if no Civic Address)</b>
1	\$40			
2	\$40			
3	\$40			
4	\$40			
5	\$40			

The City of Medicine Hat must provide the information requested in compliance with the Regulations [see Alberta Regulation 203/2017, 35] within 15 days for the first 5 property requests, unless the information is available on the City's website.

	<b>Fee</b>	<b>Tax Roll Account Number</b>	<b>Property Address (in Medicine Hat Only)</b>	<b>Legal Description (if no Civic Address)</b>
6	\$40			
7	\$40			
8	\$40			
9	\$40			
10	\$40			

For property information over the first 5 requests, please contact the City of Medicine Hat Assessment Department at 403.529.8114 to arrange a reasonable time for delivery of the remaining requests.

**Please check (✓) all the data that is required:**

- Assessment records detailing the physical inventory of the property.
- Details of the Assessment method of valuation of the property. This may include costing information and/or details of income, expenses, vacancy or capitalization rate.

**The information received will be protected in accordance with the privacy provisions of the *Municipal Government Act, R.S.A. 2000, c.M-26, and the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c.F-25.***

I understand that it is a misuse of the information if it is used to:

- A. obtain names, addresses or telephone numbers for solicitation purposes;
- B. harass an individual;
- C. for other uses or purposes specified by regulation.

Neither The City of Medicine Hat Assessment Department nor its staff will be held responsible for the results of such misuse of the information.

Upon receiving the required forms, the City of Medicine Hat must provide the information requested in compliance with the Regulations (see Alberta Regulation 203/2017, 27.5), **unless the information is available on the City's website.**