Property Valuation Services Corporation

Authorization for Property Assessment File Access

To be used only by the Property Owner or Authorized Property Management Company

I/we, the undersigned, authorize the following to receive information to assist the representative while acting on our behalf relating to our property assessment account(s) noted below.

Company / person providing authorization

Company name (if applicable): _____

Authorizing as (owner / property management company): * _____

Name: _____

Position / Title: _____

Contact Number: _____

**If authorization is provided by a property management company, supplemental authorization from the owner is required to confirm that authorization has been given to act on their behalf.*

Any information released pursuant to a request by my/our agent or representative should be forwarded to:

Representative(s) being provided with authorization

Representative / firm name: _____

Mailing address: _____ Email: _____

_____ Phone: _____

_____ Fax: _____

Assessment Account Number(s):	Property Location(s):

**Please date and initial any additional pages listing multiple account numbers and locations.*

Authorization for Property Assessment File Access

By providing authorization, the representative noted above is authorized to receive the following (checked) items in relation to my/our assessment accounts which would normally only be released to the property owner:

☐ All matters (including subsequent items) **

☐ Replying to PVSC requests, including requests pursuant to s.19 and s.20 of the *Assessment Act R.S. c. 23, s. 1*

☐ Review of assessment account(s) and value(s) / appeal of assessment(s)

***If "All matters" is selected, the Authorized individual will have full access to the account(s) in the same manner as an owner. If "All matters" is not selected, the authorized individual will have access to only those items needed to support the authorized activities.*

☐ Until notified in writing by the person(s) providing authorization (includes past and future tax years) ***

☐ Until the following date: _____

☐ For the following tax years: _____

**** To protect owner's privacy, PVSC requests a new authorization form every three years starting in 2019 for the 2020 tax year.*

Property Valuation Services Corporation reserve the right to periodically contact property owners respecting status of agency. You may request to speak to an assessor at any time to discuss your assessment account.

If this form is being signed on behalf of a corporation or any other entity (i.e. society, association, etc.), I/we confirm by signing that I/we have authority to bind the corporation or entity.

Signature: _____ Date: _____

Submit completed forms to PVSC by email or mail to:	Questions? Contact PVSC:
Email: inquiry@pvsc.ca	**1-800-380-7775** (within North America)
Mail: 6 – 15 Arlington Place, Truro NS, B2N 0G9	**1-902-893-5800** (outside North America)
Note: As of January 1, 2027, PVSC no longer sends or receives documents by fax.	www.pvsc.ca