

## **POWER OF ATTORNEY**

1- Property identification						
(If you have a mandate for several properties, you may add a sheet identifying them, signed by the owner.)						
Address (number, street, apartment)	City	Postal code				
Cadastre number	Roll number	·				
3 years of the three-year assessment roll in question	File					

2- Identification of the owner or co-owner registered on the assessment roll							
Individual Company represented by	Last name	Fi	irst name				
Owner's address (number, street, apartment)							
City		Province	Postal code				
Area code Telephone (home) Area code Telephone (other)	Ext. number	E-mail address	i				

3- Authorized representative					
First name of the authorized representative					
Address of the company or authorized representative (number, street, apartment)					
Province	Postal code				
E-mail address					
	Province				

4- Reason for the power of attorney		
The owner authorizes their representative, named in item 3, to submit one or more requests to Quebec City related to the following:		
Consulting documents under Section 79 of the Act respecting municipal taxation		
Representation for a review request		
Other reason, please specify:		

			Year	Month	Day
5- Owner's signature	C	Date		1	

Send the form by e-mail to: <a href="mailto:evaluation@ville.quebec.qc.ca">evaluation@ville.quebec.qc.ca</a> or to the assessor concerned