

# Letter of Authorization

City of Mississauga  
Finance Division  
300 City Centre Drive  
Mississauga, Ontario L5B 3C1  
Tel: 3-1-1, 905-615-4311 (outside City limits)  
TTY: 905-896-5151 (teletypewriter)  
Email: tax@mississauga.ca



Personal information on this form is collected under the authority of the *Municipal Act, 2001*, Part X: Tax Collection, and will be used for the purpose of processing applications for the adjustment of property taxes. Questions about the collection of this personal information should be directed to the Customer Service Advisor at the Citizen Contact Centre. Email: public.info@mississauga.ca. Tel: 311 (905-615-4311 outside City limits).

## Form Instructions

1. This form is to be completed by a property owner who wants to authorize the release of their property tax information to a third party.
2. Provide all requested information (an incomplete form may delay processing).
3. Form can be emailed, mailed or delivered to the Mississauga Tax Office as per the address noted above.
4. Request processed upon receipt.

## Owner Information

Property Roll Number	Customer Number
Property Street Address	
Owner's Name (Last)	(First)
Telephone (Day 8:30 - 4:30)	Email

## Release

**I hereby authorize the City of Mississauga to release my Property Tax Information with an expiry date of** \_\_\_\_\_

Note: If no expiry date is indicated, the information on this release will expire on December 31st of the year this release was submitted.

	Year	Month	Day	
To Name (Last)	(First)			
<b>Relationship to Owner</b>				
<input type="checkbox"/> Management Company	<input type="checkbox"/> Tax Agent	<input type="checkbox"/> Paralegal	<input type="checkbox"/> Relative	<input type="checkbox"/> Other (specify)
<b>Release of Property Tax information for the following reason(s)</b>				
<input type="checkbox"/> Assessment Appeals	<input type="checkbox"/> Tax Adjustments	<input type="checkbox"/> Tax Account Details	<input type="checkbox"/> Payment Plans	<input type="checkbox"/> All Information
<input type="checkbox"/> Other (specify)				

## Authorization

Release completed by (print) Name (Last)	(First)
Signature	Dated this Year Month Day

### City Use Only

Received by	Year	Month	Day
-------------	------	-------	-----