



**Please complete and mail this form to:**

Town of Whitchurch-Stouffville  
Revenue & Taxation Department  
111 Sandiford Drive, Stouffville, ON L4A 0Z8

**Or submit by email to:** [tax@townofws.ca](mailto:tax@townofws.ca)

**Or Owner to submit in person, with Photo ID**

## LETTER OF AUTHORIZATION FORM

*(RELEASE OF PROPERTY TAX INFORMATION TO OWNER'S REPRESENTATIVE)*

ROLL NO.: 1944-000- \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

**DO HEREBY AUTHORIZE THE RELEASE OF PROPERTY TAX INFORMATION**

**TO:** \_\_\_\_\_

**NOTE:** If the property is registered to a Numbered Company or Company name, a copy of your Articles of Incorporation wherein the following is outlined, **MUST** accompany this document in order to process the request.

- The Numbered Company – i.e. 123456 Ontario Limited
- The Principals – i.e. President, Treasurer, etc.
- The Date of Incorporation, etc.

**Period of Authorization:**

Effective Date: (mm/dd/yyyy): \_\_\_\_\_

Expiry Date: (mm/dd/yyyy): \_\_\_\_\_

SIGNATURE OF OWNER(S): \_\_\_\_\_

PRINT NAME OF OWNER(S): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

TITLE OF SIGNING AUTHORITY (IF APPLICABLE): \_\_\_\_\_

(i.e. Power of Attorney, president, owner)

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
(Signing Authority Name)

**(OFFICE USE ONLY)**

**INFORMATION ENTERED INTO TAX SYSTEM ON DATE:** \_\_\_\_\_