

# 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.
5. If a Power of Attorney for property is in effect, a Letter of Authorization is not required. A copy of the Power of Attorney must be provided.
6. A Letter of Authorization is not required for representatives who are licensed and in good standing with the Law Society of Ontario.

## Owner Information

Property Roll Number

Customer Number

Property Street Address

Owner's Last Name

Owner's First Name

Telephone (Day 8:30 - 4:30)

Email

## Authorization

### I hereby authorize

Last Name

First Name

Relationship to Owner

This authorization expires on (YYYY MM DD)

Note: If no expiry date is provided, the authorization will expire on December 31st of the year the authorization was submitted.

- To receive information from the City of Mississauga relating to my property tax account and/or any other information as deemed necessary pertaining to (must be specific):

- To submit applications pertaining to my property tax account

Signature

Dated this (YYYY MM DD)

- For businesses, I/We have the authority to bind the corporation.

## Witness Signature (The witness must be independent of the authorized individual)

Witness Last Name

Witness First Name

Witness Signature

Dated this (YYYY MM DD)

## City Use Only

Received by

Date (YYYY MM DD)