



Grouping Request

Person Requesting Grouping

Name (Last)	Name (First)	(Initial)	
Address	City	Province	Postal Code
Telephone	Fax	Email	

Capacity to Act

<input type="checkbox"/> Complainant	<input type="checkbox"/> Other (consent of complainant attached)
<input type="checkbox"/> Agent Representing the Complainant	<input type="checkbox"/> Respondent Municipality

Group	Tax Roll #	Owner	Valuation Group

Please indicate any date(s) you are not available should your request be granted:

Signature Date

This personal information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25, s. 33(c), and will be used for administrative purposes and to process your complaint. Personal information collected is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of this personal information, contact the Director, Tribunals, Churchill Building, 10019-103 Avenue, Edmonton, AB T5J 0G9.