Mailing Address: PO Box 9629 Stn Prov Govt Victoria BC V8W 9P1

# AUTHORIZATION

APPEAL TO MINISTER

## INSTRUCTIONS

- Complete this form if you have filed an appeal with the Ministry of Finance and want to authorize a representative (such as a family member, legal or financial representative) to act on your behalf.
- This authorization is valid until you cancel it in writing.
- Mail your completed form to the address above.

# **GENERAL INQUIRIES**

If you have questions, call us at 250-356-0890 or toll free at 1-800-663-7867 and ask to be re-directed.

**Freedom of Information and Protection of Privacy Act (FOIPPA)** – The personal information on this form is collected for the purpose of administering the relevant taxation act(s) under the authority of sections 26(a) and 26(c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Appeals, PO Box 9629 Stn Prov Govt, Victoria BC V8W 9P1 (telephone: Victoria at 250-356-0890 or toll free at 1-800-663-7867 and ask to be re-directed).

PART A – APPELLANT INFORMATION					
FULL LEGAL NAME	NAME OF BUSINESS (if applicable)				
MAILING ADDRESS (include street or PO box)	CITY	PROVINCE		POSTAL CODE	
EMAIL ADDRESS	TELEPHONE NUMBER		FAX NUMBER		

### PART B - REPRESENTATIVE INFORMATION AND AUTHORIZATION

Authorize a representative to communicate and exchange confidential account information on your behalf by telephone or in writing for the statute(s) or program(s) indicated below. You can authorize an individual, a firm or a specific individual at a firm by completing both fields.

FULL LEGAL NAME OF REPRESENTATIV	√E (individual)	NAME OF FIRM (if applicable)					
MAILING ADDRESS (include street or PO	box)	CITY		PROVINCE		POSTAL CODE	
EMAIL ADDRESS		TELEPHONE NUMBER		FAX NUMBER			
(√) STATUTE OR PROGRAM	ACCOUNT NUMB (if applicable)	ER (√)	STATUTE	OR PROG	RAM	ACCOUNT NUMBER (if applicable)	
BC Emergency Benefit for Workers –			International Activity Act	Business			
BC Increased Employment			Logging Tax	Act			
BC Recovery Benefit			Mineral Tax A	Act			
Carbon Tax Act			Motor Fuel T	ax Act			
Consumption Tax Rebate and Transition Act			Petroleum an	id Natural G	as Act		
Employer Health Tax Act			Property Tra	nsfer Tax A	ct		
Forest Act			Provincial Sa	ales Tax Act			
Home Owner Grant Act			Speculation	and Vacand	y Tax Act		
Insurance Premium Tax Act			Tobacco Tax	Act			

#### PART C - CERTIFICATION

I authorize the Ministry of Finance to communicate and exchange information with the authorized representative under the statute(s) or program(s) indicated in Part B. This authorization is valid until it is cancelled in writing.

SIGNATURE OF APPELLANT	FULL LEGAL NAME	TITLE	DATE SIGNED YYYY/MM/DD
x			