



AUTHORIZATION APPEAL TO MINISTER

Instructions:

- You may authorize more than one representative; however, you will need to use a separate form for each representative that you authorize.
If you have questions, please 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 taxation act(s) specified below under the authority of section 26(a) of the FOIPPA.

SECTION 1 - IDENTIFICATION

NAME OF TAXPAYER (company name or individual name)
MAILING ADDRESS TELEPHONE NUMBER
CITY PROVINCE POSTAL CODE FAX NUMBER

This form authorizes the person named in Section 2 below to act as a representative of the taxpayer identified in Section 1 and authorizes the Ministry of Finance to release confidential taxpayer information to the representative in matters pertaining to an appeal filed under the following statute(s):

Table with 2 columns of statutes and account numbers. Includes checkboxes for BC First-Time New Home Buyers' Bonus, Carbon Tax Act, Consumption Tax Rebate and Transition Act, Forest Act, Home Owner Grant Act, Hotel Room Tax Act, Insurance Premium Tax Act, International Business Activity Act, Logging Tax Act, Mineral Tax Act, Motor Fuel Tax Act, Petroleum and Natural Gas Act, Property Transfer Tax Act, Provincial Sales Tax Act, Social Service Tax Act, and Tobacco Tax Act.

SECTION 2 - IDENTIFICATION OF AUTHORIZED REPRESENTATIVE

If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual. You can designate a specific individual of a firm by filling out both fields. If you do, we will only discuss your file with that particular individual.

I authorize the Ministry of Finance to communicate with my representative by fax and/or email.

FIRM NAME
INDIVIDUAL NAME
MAILING ADDRESS TELEPHONE NUMBER
CITY PROVINCE POSTAL CODE FAX NUMBER
EMAIL ADDRESS

SECTION 3 - SIGNATURE

We will not process this form if it is not signed. This authorization is valid until an authorized signatory revokes it in writing.

SIGNATURE OF TAXPAYER NAME (please print) TITLE DATE SIGNED YYYY / MM / DD