



**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 redirected.

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 these Acts and section 26 of the FOIPPA. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) **Email: FOI.QRYS@gov.bc.ca**

SECTION 1 – IDENTIFICATION

NAME OF TAXPAYER (Company Name or Individual Name)

STREET ADDRESS		TELEPHONE NO. ()
CITY/PROVINCE	POSTAL CODE	FAX NO. ()

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:

(✓)	STATUTE	ACCOUNT NUMBER (If Applicable)
<input type="checkbox"/>	Hotel Room Tax Act	_____
<input type="checkbox"/>	Motor Fuel Tax Act	_____
<input type="checkbox"/>	Tobacco Tax Act	_____
<input type="checkbox"/>	Social Service Tax Act	_____
<input type="checkbox"/>	Corporation Capital Tax Act	_____
<input type="checkbox"/>	Forest Act	_____
<input type="checkbox"/>	International Financial Activity Act	_____
<input type="checkbox"/>	Logging Tax Act	_____
<input type="checkbox"/>	Insurance Premium Tax Act	_____
<input type="checkbox"/>	Property Transfer Tax Act	_____
<input type="checkbox"/>	Home Owner Grant Act	_____
<input type="checkbox"/>	Mineral Tax Act	_____
<input type="checkbox"/>	Petroleum and Natural Gas 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.

FIRM NAME

INDIVIDUAL NAME

STREET ADDRESS		TELEPHONE NO. ()
CITY/PROVINCE	POSTAL CODE	FAX NO. ()

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 X	NAME – Please Print	TITLE	DATE SIGNED YYYY / MM / DD
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