



Finance  
Taxation and  
Property Records

## Authorization to Communicate by Fax and E-mail

(Pursuant to the Prince Edward Island *Environment Tax Act, Financial Corporation Capital Tax Act, Gasoline Tax Act, Health Tax Act, Real Property Assessment Act, Real Property Tax Act, Real Property Transfer Tax Act, Registry Act, Retail Sales Act, Revenue Administration Act, Revenue Tax Act, Tobacco Tax Act,*)

**Mail to:**

Department of Finance  
Taxation and Property Records  
PO Box 2000, Charlottetown, PE C1A 7N1

**Deliver to:**

95 Rochford Street  
Shaw Building, 1st Floor South  
Charlottetown, PE C1A 3T5

Tel: (902) 368 4070 Fax: (902) 368-6164

Website: [princeedwardisland.ca](http://princeedwardisland.ca)

Email: taxandland@gov.pe.ca

**Freedom of Information and Protection of Privacy**

Personal information on this form is collected under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, Taxation and Property Records Division, P O Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**Instructions**

- Complete this form to authorize us to communicate, exchange information and share your account records with your representative.
- If you wish to cancel or change any part of this authorization, advise us by letter, fax or email.

**PART 1 – TAXPAYER INFORMATION**

FULL LEGAL NAME OF TAXPAYER (company or individual name)	BUSINESS OR REFERENCE NUMBER	PROPERTY OR PARCEL NUMBER
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MAILING ADDRESS (include street or PO box, city, province and postal code)

**PART 2 – AUTHORIZATION**

**EMAIL**

I authorize the Minister of Finance to communicate with me by fax and/or email.

I authorize the Minister of Finance to communicate with me by fax and/or email with the following limitations (i.e. to apply only to certain types of information, or to cover only a certain period of time):

**Limitations:**

FAX NUMBER	EMAIL ADDRESS
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**COMMUNICATION WITH A REPRESENTATIVE OF YOUR BUSINESS** (If additional 3<sup>rd</sup> party is required, please provide an additional form)

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

FIRM NAME (if applicable)	INDIVIDUAL FIRST AND LAST NAME (if applicable)	POSITION OR OFFICE
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MAILING ADDRESS (include street or PO box, city, province and postal code)

TELEPHONE NUMBER (      )	EMAIL ADDRESS
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**EXCHANGE OF INFORMATION AND SHARE RECORDS**

I authorize the Minister of Finance to exchange information and share my account records with me and/or my representative using media such as CD's, DVDs or USB memory drives, email, fax or other media.

**PART 3 – TAXPAYER CERTIFICATION**

By signing this form, you acknowledge that although we will take reasonable steps to protect all information once received, we cannot guarantee the absolute safety of personal information during transmission by fax or email.

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