



STRATA CONSENT FORM

SHORT TERM RENTAL

| | | | | | | | | | | | | | | | | | |
|--|--|--------------|-------|-------|-------|--|-----------|------|--|--|--|-------|-------|-------|-----------------|-----------|------|
| Part One: Property Information | | | | | | | | | | | | | | | | | |
| Civic Address: | | | | | | | | | | | | | | | | | |
| Legal Description: | | | | | | | | | | | | | | | | | |
| Part Two: Strata Council Information | | | | | | | | | | | | | | | | | |
| Executive Strata Council Member's Name: | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | | | | | | | | | |
| Part Three: Operator's Information | | | | | | | | | | | | | | | | | |
| Operator's Name: | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | |
| City: | Province: | Postal Code: | | | | | | | | | | | | | | | |
| Phone: | Email: | | | | | | | | | | | | | | | | |
| Part Four: Authorization | | | | | | | | | | | | | | | | | |
| I, on behalf of the Strata for the above mentioned property, | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | have read the Short Term Rental Business License application form submitted by the Operator | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | authorize the Operator to apply for a Short Term Rental, as specified in the completed Short Term Rental Business License application form attached with this form | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | consent to the above address being used as a Short Term Rental in compliance with the City Bylaws | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | allocate a total number of ___ off-street parking space(s) to the ___ - bedroom(s) unit designated for Short Term Rental | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | I agree to immediately notify the City, in writing, of any changes regarding this information | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Executive Strata Council Member's Name</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> <tr> <td colspan="3" style="height: 20px;"> </td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Operator's Name</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table> | | | _____ | _____ | _____ | Executive Strata Council Member's Name | Signature | Date | | | | _____ | _____ | _____ | Operator's Name | Signature | Date |
| _____ | _____ | _____ | | | | | | | | | | | | | | | |
| Executive Strata Council Member's Name | Signature | Date | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | |
| Operator's Name | Signature | Date | | | | | | | | | | | | | | | |