

# Short-Term Rental

## Strata Consent Form



### PROPERTY INFORMATION:

Civic Address: \_\_\_\_\_ PID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Parking Stalls assigned to the unit: \_\_\_\_\_ Stall number(s): \_\_\_\_\_

### STRATA COUNCIL DETAILS:

Executive Strata Council Member Name: \_\_\_\_\_

Mailing Address & City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT/STR OPERATOR DETAILS:

Full Name: \_\_\_\_\_

Mailing Address & City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please be advised that I, on behalf of the Strata for the above-mentioned property, have read the Short-Term Rental Business Licence Application Form submitted by the Operator.

I can consent that our Strata has no bylaw prohibiting the above address from operating as a Short-Term Rental in compliance with District of Squamish Bylaws.

I can confirm that the parking stalls listed on this application have been assigned to the unit applied for.

I agree to immediately notify the District of Squamish, in writing, of any changes regarding this information.

\_\_\_\_\_  
Executive Strata Council Member Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DD / MM / YYYY  
Date

\_\_\_\_\_  
Operator/Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DD / MM / YYYY  
Date

Personal information collected through this form is only collected for the purpose of evaluating a Short-Term Rental application as per the *Short-Term Rental Bylaw No. 2695 and 2696 and Business Licence Bylaw No. 2455*. The collection, use, and disclosure of personal information collected from this form is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The information collected will be retained and disposed of according to the *District of Squamish Records Management Bylaw No. 2622, 2019*, and the *District of Squamish Records Classification and Retention Schedule*. If you have any questions, please contact the Information and Privacy Supervisor at 604-815-4943.