



Section 1: Property Information

Municipal Address:

Legal Description:

Section 2: Property Owner(s) Information

Registered Property Owner Name(s):

Address:

City:

Telephone:

Email:

Section 3: Operator's Information (Renter/Tenant Only)

Operator's Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone:

Email:

Section 4: Authorization

I/we, the registered owner(s) of the above-mentioned property,

have read the Short Term Accommodation Business License Application Form submitted by the Operator

authorize the Operator to apply for a Short Term Accommodation, as specified in the completed Short Term Accommodation License Application form attached with this form

consent to the above address being used as a Short Term Accommodation Rental in compliance with the City of West Kelowna Bylaws

I/We agree to immediately notify the City of West Kelowna, in writing, of any changes regarding this information

 Owner's Name (Printed)

 Owner's Signature

 Date

 Owner's Name (Printed)

 Owner's Signature

 Date