



Section 1: Property Information

Municipal Address:

Legal Description:

Section 2: Strata Council Information

Executive Strata Council Member’s Name:

Address:

City:

Telephone:

Section 3: Operator’s Information

Operator’s Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone:

Email:

Section 4: Authorization

I, on behalf of the Strata for the above mentioned property,

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

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

consent to the above address being used as a Short-Term 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

 Executive Strata Council Member’s Name (Printed)

 Executive Strata Council Member’s Signature

 Date

 Operator’s Name (Printed)

 Operator’s Signature

 Date