



TOWN OF GIBSONS

PO Box 340
474 South Fletcher Road
Gibsons BC | V0N 1V0
T 604-886-2274
F 604-886-9735

Short-term rental

Strata Consent Form

The purpose of this form is to ensure you have permission from your Strata to operate a short-term rental at the following address:

Street Address: _____

Postal Code: _____

Unit Number: _____

STRATA COUNCIL DETAILS

Executive Strata Council Member Name*: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Phone Number: _____

**Cannot be the Operator or a member of the Operator's household*

OPERATOR DETAILS

Full Name: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Phone Number: _____

Please be advised that I, on behalf of the Strata for the above-mentioned property:

- Have read the Short-term rental Business Licence application prepared by the Operator,
- Confirm that our Strata has no bylaw prohibiting the above address from operating as a short-term rental, and approve the use of any strata parking spaces indicated in the Operator's Parking Plan.
- Agree to immediately notify the Town of Gibsons, in writing, of any changes regarding this information.

Registered Owner's Name (please print)

Signature

Date

2nd Registered Owner's Name (please print)

Signature

Date