



STRA Authorization to Act as an Agent Form

Complete this form if you are authorizing a person to act on your behalf for the purpose of applying for a short-term rental accommodation (STRA) license. The applicant must include this form as part of the application process.

I, the undersigned, hereby authorize: _____
to act for me as my agent in the process of applying for a STRA License:

Agents Name: _____
Company Name or business Number: _____
Agents Phone Number: _____
Agents Email: _____
Owners Phone Number: _____

My authorized agent may apply on my behalf for the STRA for the property located at:

I am aware that if any information provided within the STRA license application is false or misleading, the ultimate responsibility to provide the correct information rests with me.

Owner's Signature: _____ Name (please print): _____

Agents Signature: _____ Name (please print): _____

Date: _____

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be for office use only. Questions about this form can be directed to: Legislative Services/Clerks Department, 3-5 Pineridge Gate, Gravenhurst, ON P1P 1Z3, by telephone at 705-687-2230 or by email to info@gravenhurst.ca