Township of Muskoka Lakes
P.O. Box 129, 1 Bailey Street, Port Carling, Ontario, P0B 1J0
Website: www. muskokalakes.ca
Phone: 705-765-3156
Fax: 705-765-3197

SHORT TERM RENTAL ACCOMMODATION (STRA)
OWNER AUTHORIZATION FORM

Complete this form if you are authorizing a person/ agency to act on your behalf for the purposes of applying for a Short Term Rental Accommodation License in the Township of Muskoka Lakes.

I, the undersigned, hereby authorize:_____
to act for me as my agent regarding all matters pertaining to applying for and obtaining an STRA License in relation to the following property:

Municipal Address:_____

My authorized agent may submit an application, together with the required documentation and payment, as well as answer any necessary questions related to the above property on my behalf.

I am aware that if, for any reason, the application is denied by the Township, that any remedy required to bring the property in compliance in order to obtain the STRA License is my responsibility.

_____
Signature of Owner (Licensee)

_____
Date

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be used for the Short Term Rental Accommodation Licensing By-law. Questions about this collection can be directed to By-law Division, 1 Bailey Street, Port Carling, ON P0B 1J0, 705-765-3156, bylaw@muskokalakes.ca