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)
RESPONSIBLE PERSON DECLARATION FORM

Complete this form if you agree to act as a Responsible Person under the Township of Muskoka Lakes Short Term Rental Accommodation Licensing By-law **(must be completed even if you are the property owner)**.

My name is _____, and I hereby declare that I am 18 years of age or older and that I agree to be bound as the Responsible Person for the Short Term Rental Accommodation at the following property:

Municipal Address: _____

I hereby affirm that I have read, understand, and accept my responsibilities under the By-law. I understand that I must be available to respond to an emergency or complaint of any Township By-law at the STRA premises within one (1) hour from when communication is sent by the Township or Agent of the Township (Granicus).

If, for any reason, I wish to release myself from this responsibility, I shall advise the property owner(s), if applicable, as well as the Township, in writing, at least thirty (30) days prior to the termination of my duties as the Responsible Person for the above property.

_____ _____
Signature of Responsible Person Date

I, the undersigned, agree to the above named being designated as the Responsible Person for the above-mentioned property for which I am the registered owner.

_____ _____
Signature of Owner Date
(If multiple property owners,
only one signature is required.)

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be used for the Short Term Rental Licensing Accommodation 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.