



RESPONSIBLE PERSON CONSENT FORM

I, _____, CERTIFY AND ACKNOWLEDGE THAT:
(Print Name)

I have been appointed by the owner as a “Responsible Person” in accordance with the licensing requirements to operate a Short-Term Rental at:

Address:

I understand and consent that my name, phone number and e-mail address will be published on the Town of Whitchurch-Stouffville website and available to the general public. I further confirm that when contacted by telephone or e-mail by a member of the public, Town of Whitchurch-Stouffville enforcement officer/agency or the York Regional Police, I will be available to attend the Short-term Rental Accommodation within one (1) hour of being contacted to ensure its operation is in compliance with the licence and applicable municipal and provincial law.

Signature of Applicant

Date

Notice of Collection: The personal information recorded on this form is collected and maintained in accordance with the Short-Term Rental Licensing By-law and will be used in the administration and enforcement of the Short-Term Rental. Questions about the collection of personal information may be addressed to the Licensing and Public Services Coordinator, Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, Ontario, 905-640-1900 ext. 2225.