

# STRATA COUNCIL CONSENT FORM

DATE: \_\_\_\_\_

ATTENTION: CITY OF CHILLIWACK

I/WE \_\_\_\_\_  
(executive Strata Council Member's name)

STRATA COUNCIL INFORMATION OF PROPERTY AT:  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZE: \_\_\_\_\_

Be advised that I, on behalf of the Strata, for the above mentioned property, can consent that our Strata has no bylaw prohibiting the above address from operating as a Short-Term Rental in compliance with City of Chilliwack bylaws.

## EXECUTIVE STRATA COUNCIL MEMBER MUST PROVIDE SIGNATURES, FULL NAME AND CONTACT INFORMATION

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address