



Short-Term Rental Accommodation Application Condominium Authorization Form

This form is required if the subject property is part of a Condominium Corporation. An authorized representative (e.g., President) of the Condominium Corporation must complete this form to confirm that the Applicant is authorized to operate a Short-Term Rental Accommodation pursuant to the Township of Oro-Medonte's Short-Term Rental Accommodation Licensing By-law 2026-078 in accordance with the Condominium Corporation's declarations, by-laws and rules. This completed form must be submitted with the Short -Term Rental Accommodation Licence Application.

Condominium Corporation Name: _____

Condominium Corporation Number: _____

On behalf of the Condominium Corporation noted above, I confirm that the Applicant,
_____ (Applicant's Name),

located at the property

_____ (Property Address)

Oro-Medonte, Ontario, is authorized to operate a Short-Term Rental Accommodation in compliance with the Condominium Corporation's declaration, by-laws, and rules and the Township of Oro-Medonte's Short-Term Rental Accommodation Licensing By-law 2026-078.

Authorized Representative Name: _____

Title/Position: _____

Phone: _____ Email: _____

Signature: _____

Date: _____