THE CORPORATION OF THE TOWNSHIP OF AUGUSTA

SHORT-TERM RENTAL LICENSE APPEAL APPLICATION

Date of Application:_____

Short-Term Rental Address:

Civic Number:	Road Name:
Town:	Postal Code:

Property Owner(s) Information:

Owner Name:	
Civic Number:	Road Name:
Town:	Postal Code:
Email:	Phone Number:

Reason for Appeal: (attach additional pages if necessary)