

Vacancy Tax (Empty Homes Tax)

Consent for the City of Vancouver to Collect and Use Third-Party Occupant Information

I,

Occupant's Name (PRINT)

Authorize the City of Vancouver to collect, use, and retain my personal information listed below for the purpose of verifying the Registered Owner's property status declaration under the Vacancy Tax (Empty Homes Tax) program.

Please indicate the length of time (mm/dd/yyyy – mm/dd/yyyy) you resided in a hospital, long term or supportive care facility: _____

I am providing the following information as confirmation of medical care received or residence in a hospital, long term or supportive care facility for the time period indicated above (check the box that applies):

- A letter (on official letterhead) from a medical professional or hospital, long term or supportive care facility verifying that medical care was received or residence in a hospital, long term or supportive care facility was required. The letter should provide the following:
- Name and address of the medical professional or the hospital, long term or supportive care facility
 - Name of person receiving care
 - Dates for which medical care was received or residence in a hospital, long term or supportive care facility was required
- Other document(s) (please specify): _____

E-mail address (PRINT)

Phone number

Occupant's Name (PRINT)

Occupant's Signature

Date of Consent

Note to the Permitted Occupant or Tenant: Please provide this signed form to the City along with documents you are providing as evidence of occupancy. Documents can be submitted in person at City Hall Revenue Services 453 W 12th Ave Vancouver, BC. Hours: 8:30-5:00 Monday to Friday. There is an after-hours drop box available. Or by registered mail to Vacancy Tax Office PO Box 7747 Vancouver, BC V6B 8R1.