

For Office Use Only

License No.

Processed Date \_\_\_\_\_

## LICENSE INFORMATION

STRO License: STR-\_\_\_\_L

Action Required:  $\Box$  Local Contact Update OR  $\Box$  License Cancellation

## NEW LOCAL CONTACT INFORMATION

Local Contact Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Mailing Address:	City, Sta
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City, State, Zip Code: \_\_\_\_\_

The local contact is responsible for actively discouraging and preventing any nuisance activity at the premises, pursuant to Chapter 5 of the Municipal Code. The local contact shall respond to a complainant in person or by telephone within one hour for all reported complaints and shall take action to resolve the matter.

## STRO LICENSE CANCELLATION

I, \_\_\_\_\_\_ (Host) would like to cancel the STRO license STR-\_\_\_\_\_L (License Number) for \_\_\_\_\_\_ (Street Address), \_\_\_\_\_\_ (City), CA \_\_\_\_\_ (Zip Code). I acknowledge that it is unlawful for any person to use a dwelling unit for short-term residential occupancy without an active license. Additionally, I acknowledge that the application and license fees are non-refundable, and licenses are not transferrable.

By submitting this STRO License Update Form, Host acknowledges that they will comply with all rules and regulations set forth in the STRO Ordinance. Host further asserts under penalty of perjury that all information provided in this STRO License Update Form is true and factual to the best of the Host's knowledge. If any information provided is found to be incomplete or inaccurate, the update may be denied, or license may be revoked.

Host Name (Print) \_\_\_\_\_

Host Signature \_\_\_\_\_

Date \_\_\_\_\_

This form must be submitted via email to the STRO Administration at <u>stro@sandiego.gov</u> from the Host email address on file. For additional questions, please visit the STRO website at <u>www.sandiego.gov/stro</u> or contact the STRO Administration at (619) 615-6120 or <u>stro@sandiego.gov</u>.