



THE CITY OF SAN DIEGO
Office of the City Treasurer
STRO License Cancellation Form

For Office Use Only

License No. _____

Processed Date _____

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 Cancellation 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 Cancellation 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 _____

Today's Date _____

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