

Confidential Monthly Occupancy Report

Please submit completed forms within **SEVEN DAYS** after the end of each month

PROPERTY NAME AND LICENCE NUMBER

Property Name:

Short-term Accommodation Registration #:

REPORT FOR THE MONTH OF ☐ , YEAR _____

☐ January

☐ July

☐ February

☐ August

☐ March

☐ September

☐ April

☐ October

☐ May

☐ November

☐ June

☐ December

NUMBER OF RENTABLE UNITS

of units available this month _____

Typically, this is the number of units you are licensed to operate. However, if part of an establishment is closed, then these units should not be included as available during this period.

If the accommodation is a seasonal operation, please check ☒ on final return

CLOSED FOR THE SEASON ☐

INTERNET:

<https://tourismns.ca/accommodations-occupancy-reporting>

SCAN & EMAIL:

occupancystats@novascotia.ca

Mail:

Research Section
Tourism Nova Scotia
8 Water Street
PO Box 667
Windsor, NS B0N 2T0

For more information:

Email: occupancystats@novascotia.ca

Phone: (902) 798-7633

DAY	UNITS SOLD
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
TOTAL	

Signature of Authorized Person