

TENANT REGISTRATION

SIMCOE CONDOMINIUM CORPORATION NO. _____

To be completed by Unit Owner

UNIT: _____

OWNER'S NAME: _____

PHONE #: _____

SIGNATURE: _____

Term of Rental Period meets or exceeds the Town of Collingwood's 30-day minimum short term accommodation period as per municipal by-law, Collingwood Zoning By-law 2010-040.

To be completed by Tenant

RENTAL AGENT/COMPANY (If Applicable): _____

CONTACT NAME: _____ PHONE: _____

RENTAL START DATE: _____ END DATE: _____

NAME OF PRIMARY TENANT: _____

NUMBER OF PEOPLE OCCUPYING THE UNIT: _____

VEHICLE INFO: 1) MAKE: _____ PLATE #: _____

2) MAKE: _____ PLATE #: _____

→ Upon arrival, please come to Rupert Bronsdon Community Centre to get residence pass(es) for vehicle(s).

TYPE OF PET(S): _____

TO BE SIGNED BY TENANT:

"I acknowledge, covenant and agree that, in using the unit rented by me and the Common Elements, I will comply with the Condominium Act, Declaration, By-Laws, and Rules of the Condominium Corporation during the term of my tenancy. I hereby acknowledge that I will be subject to the same duties imposed by the Condominium Act, Declaration, By-Laws, and Rules as if I was the owner of the Unit, except for the payment of common expenses (unless otherwise provided by the Condominium Corporation as a result of default in the payment of common expenses by the Unit owner). In addition, I will ensure that my family, guests, visitors, agents, permitted sub-tenants and invitees shall also comply with the Condominium Act, Declaration, By-Laws, and Rules of the Condominium Corporation."

Signature: _____ Name: _____
(Please print.)

Home address: _____
(Number & Street) (City) (Postal Code)

Home phone: _____ Email: _____

Cell phone #1: _____ Cell phone #2: _____

**Please make sure all information is complete and forward to the Property Mgt Office prior to the start of the tenancy: E & H Property Mgt, 470 Mariners Way, Collingwood, ON L9Y 5C7
Fax: 705-445-5228 Email: lhpcustomerservice@ehpm.ca**

WITHOUT THIS INFORMATION, TENANT MAY BE DENIED ACCESS TO THE RECREATION FACILITIES.

Owner / Renter – Authorized Residents

Authorized Residents

First Name	Last Name	Relationship to Primary Tenant	Date of Birth (full birthdates of children under 18)	Licence Plate

Notes

1. Full birthdates only required for children under the age of 18.
2. Enter only the names of people who are authorized to use your unit.
3. Only authorized residents may use the facilities.
4. Do not put the first listed unit owner/renter on this page. Add all additional residents.
5. Reference relationship to the first listed unit owner/renter.
6. If an authorized resident is listed as owner on title, please put “owner” in relationship.
7. Enter the appropriate licence plate for each authorized resident if applicable.
8. Guests must be accompanied by an authorized resident.