



Public Service Delivery
Real Estate Services

PVHL/PVHP:		
LOT:	BLOCK:	PLAN:
SUBDIVISION:		
PRIMARY CLIENT NO.:		

APPLICATION FOR PARKS VACATION HOME LEASE / RENEWAL

PLEASE BE SURE TO READ THE ENTIRE DOCUMENT & INSTRUCTION LETTER **PRIOR** TO COMPLETING.

SECTION A: CURRENT LOT HOLDER(S)

Current Primary Lot Holder Name (PRINT)	Mailing & Email Address	Home / Cell Number
Current Lot Holder Name (PRINT)	Mailing Address	Home / Cell Number
Current Lot Holder Name (PRINT)	Mailing Address	Home / Cell Number
Current Lot Holder Name (PRINT)	Mailing Address	Home / Cell Number

I/We confirm that the above name(s) is/are **full Legal Name(s), (as indicated on a valid government document);**

OR

Please issue the Parks Vacation Home Renewal Lease in my/our **correct full legal name(s)** as follows:

(PLEASE PRINT)

PARKS VACATION HOME LEASE/PERMIT IS **CURRENTLY** HELD AS:

JOINT TENANTS TENANTS IN COMMON INDIVIDUAL CORPORATION OTHER

SECTION B: ADDING AND/OR REMOVING INDIVIDUALS TO/FROM THE PARKS VACATION HOME RENEWAL LEASE

I/We request that the following individual(s) be **ADDED**:

NOTE: APPLICANT(S) MUST BE AT LEAST 18 YEARS OF AGE. PLEASE PRINT **FULL LEGAL NAME(S), (AS INDICATED ON A VALID GOVERNMENT DOCUMENT).**
(PROCEED TO SECTIONS C, D, E).

Legal name of Individual being ADDED (PRINT)	Mailing Address	Home / Cell Number
Legal name of Individual being ADDED (PRINT)	Mailing Address	Home / Cell Number
Legal name of Individual being ADDED (PRINT)	Mailing Address	Home / Cell Number
Legal name of Individual being ADDED (PRINT)	Mailing Address	Home / Cell Number

I/We request that the following name(s) be **REMOVED**:

NOTE: PLEASE PRINT NAME(S) **EXACTLY AS SET OUT ON THE CURRENT & VALID PARKS VACATION HOME LEASE.**
(PROCEED TO SECTIONS C, D, E).

Name of Individual being REMOVED (PRINT)	Name of Individual being REMOVED (PRINT)
Name of Individual being REMOVED (PRINT)	Name of Individual being REMOVED (PRINT)

FOR RES USE ONLY: (\$40+GST)

Amount Paid _____ MRO _____

Client # _____

Coding: _____

INV#: _____ PMT # _____

Initial: _____

FOR CASHIER USE ONLY:

Rev Code:
C-15-2

SECTION C: ONSITE WASTEWATER MANAGEMENT SYSTEM

Please complete the following as applies to your cottage lot for both Grey Water **AND** Sewage Disposal.

NOTE: TO LEARN MORE ABOUT ONSITE WASTEWATER MANAGEMENT SYSTEMS, PLEASE VISIT <http://www.gov.mb.ca/sd/envprograms/wastewater/>.

GREY WATER (WASH WATER) DISPOSAL

- TOWN SEWER HOLDING TANK DISPOSAL FIELD GREY WATER PIT

Date of Installation: _____

- OTHER

Description (PRINT)

SEWAGE (TOILET WASTE) DISPOSAL

- TOWN SEWER HOLDING TANK DISPOSAL FIELD

Date of Installation: _____

- OTHER

Description (PRINT)

SECTION D: TENANCY

Please indicate/confirm the Parks Vacation Home Lease tenancy:

NOTE: SHOULD CLARIFICATION BE REQUIRED, PLEASE CONSULT WITH LEGAL COUNSEL.

- | | | |
|---|--|--|
| <input type="checkbox"/> JOINT TENANTS
TWO OR MORE PEOPLE, WHO EACH HOLD AN UNDIVIDED EQUAL INTEREST IN THE PROPERTY. AFTER DEATH, THE SURVIVING TENANT(S) ACQUIRE(S) THE DECEASED TENANT'S INTEREST. | <input type="checkbox"/> TENANTS IN COMMON
TWO OR MORE PEOPLE, WHO EACH HOLD AN UNDIVIDED INTEREST IN THE PROPERTY. EACH TENANT MAY OCCUPY ALL THE LAND IN COMMON WITH THE OTHERS. EACH TENANT MAY DISPOSE OF THEIR INTEREST BY WILL OR DEED. THERE IS NO RIGHT OF SURVIVORSHIP. | <input type="checkbox"/> INDIVIDUAL

<input type="checkbox"/> CORPORATION
PROOF OF VALID ARTICLES OF INCORPORATION REQUIRED

<input type="checkbox"/> OTHER: |
|---|--|--|

SECTION E: SIGNATURES

I/We hereby certify that all information given in this application is true in substance and in fact.

NOTE: ALL INDIVIDUALS REMAINING ON / BEING ADDED TO / BEING REMOVED FROM THE PARKS VACATION HOME LEASE MUST SIGN AS INDICATED BELOW.

WITNESSES MUST BE A **NOTARY PUBLIC OR A COMMISSIONER FOR OATHS.**

If a Notary Public is witnessing signatures, their signature is require to be stamped/sealed and if a Commissioner is witnessing, the commission expiry date is required.

_____ / _____ Name of Lot Holder (PRINT / SIGN) <input type="checkbox"/> BEING ADDED <input type="checkbox"/> BEING REMOVED <input type="checkbox"/> REMAINING ON	_____ Date (YYYY / MM / DD)	_____ Witness signature NOTARY PUBLIC / COMMISSIONER FOR OATHS MY COMMISSION EXPIRES _____
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_____ / _____ Name of Lot Holder (PRINT / SIGN) <input type="checkbox"/> BEING ADDED <input type="checkbox"/> BEING REMOVED <input type="checkbox"/> REMAINING ON	_____ Date (YYYY / MM / DD)	_____ Witness signature NOTARY PUBLIC / COMMISSIONER FOR OATHS MY COMMISSION EXPIRES _____
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