

Consumer Protection & Government Services 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.

FLEASE BE SORE TO READ THE	LIVITE DOCUME	NI & INSTRUCTION LETTER PRIC	TO COMPLETING.
SECTION A: CURRENT LOT HOLDER(S)			
Current Primary Lot Holder Name (PRINT)	Mailing & Email Ad	ddress	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 Na	ame(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 <u>CUF</u> JOINT TENANTS   TE	RRENTLY HELD AS:	☐ INDIVIDUAL ☐ CORPORAT	TION OTHER
SECTION B: ADDING AND/OR REMOV	ING INDIVIDUALS	TO/FROM THE PARKS VACATIO	N HOME RENEWAL LEASE
I/We request that the following indivi NOTE: APPLICANT(S) MUST BE AT LEAST 18 YEARS (PROCEED TO SECTIONS C, D, E).	dual(s) be ADDED:		
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 NOTE: PLEASE PRINT NAME(S) EXACTLY AS SET OF (PROCEED TO SECTIONS C, D, E).	• •	ALID PARKS VACATION HOME LEASE.	
Name of Individual being REMOVED (PRINT)		Name of Individual being REMOVED (PRINT)	
Name of Individual being REMOVED (PRINT)	<u>N</u>	Name of Individual being REMOVED	(PRINT)
FOR RES USE ONLY: (\$40+GST)		FOR CASHIER USE ONLY:	
Amount Paid MRO		Rev Code: C-15-2	
Client #			
Coding:			
INV#:PMT #			
Initial:			

SECTION C: ONSITE WASTEWATER MANAGEMENT SYSTEM							
Please complete the following as applies to your cottage lot for both Grey Water <u>AND</u> Sewage Disposal.  NOTE: TO LEARN MORE ABOUT ONSITE WASTEWATER MANAGEMENT SYSTEMS, PLEASE VISIT <a href="http://www.gov.mb.ca/sd/envprograms/wastewater/">http://www.gov.mb.ca/sd/envprograms/wastewater/</a> .							
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.							
JOINT TENANTS  TENANTS IN COMMON  TWO OR MORE PEOPLE, WHO EACH HOLD AN UNDIVIDED EQUAL INTEREST IN THE PROPERTY. AFTER DEATH, THE SURVIVING TENANT(S) ACQUIRE(S) THE DECEASED  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  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							
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			er is witnessing, the commission expiry date is required.				
/							
Name of Lot Holder (PRINT / SIGN)  ☐ BEING ADDED ☐ BEING REMOVED ☐ REMAININ	G 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)  ☐ BEING ADDED ☐ BEING REMOVED ☐ REMAININ	G ON	Date (YYYY/MM/DD)	Witness signature NOTARY PUBLIC / COMMISSIONER FOR OATHS MY COMMISSION EXPIRES				
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