



Labour, 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.

### 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"/> <b>JOINT TENANTS</b><br>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"/> <b>TENANTS IN COMMON</b><br>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"/> <b>INDIVIDUAL</b><br><br><input type="checkbox"/> <b>CORPORATION</b><br>PROOF OF VALID ARTICLES OF INCORPORATION REQUIRED<br><br><input type="checkbox"/> <b>OTHER:</b> |
|---|--|--|

**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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_____ / _____ 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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