SHORE*to*SLOPE
MANAGEMENT SERVICES INC.

CONDO NAME or Number _____

TENANCY INFORMATION **Unit #**_____

Tenant's Name			
Primary Phone #		**Cell Phone #**	
Business Phone #			
Emergency Contact Name		**Emergency Contact #**	
Make/Model of Vehicle			
Licence Plate			
Make/Model of Vehicle			
Licence Plate			

Rental period from _____to_____

I_____, covenant, and agree that I, the members of my household and my guests, from time to time, will, in using the unit rented by me and the common elements, comply with The Condominium Act, the Declaration, the Bylaws, and all rules and regulations of the Condominium Corporation, during the term of my tenancy.

Tenant Signature:_____

Special Notes:

_____

_____

_____

Owner Signature _____

Date _____

10 Keith Ave, Unit 303, Collingwood, ON L9Y 0W5
(phone) 705 444-5139 (fax) 705 445-0944 (e-mail) info@shoretoslope.com