

7233 Trans Canada Highway Duncan, BC V9L 6B1

Tel: 250 701 0099

NAME:	E-MAIL ADDRESS:			
ADDRESS:				
CITY/PROVINCE:		POSTAL CODE:		
PHONE: (Res)	(Work)	Vork) (Cell)		
RV DESCRIPTION:		LICENSE PLATE	: LENGTH:	
ALTERNATE CONTACT NAME:	PHONE:			
TERM: The tenancy shall be a month to month tenancy with a minimum of a thirty (30) day term commencing on the				
TERMS AND CONDITIONS. I HAVE R SIGNING THIS DOCUMENT, THE TEN TO THE PERSONAL PROPERTY IN, O AGAINST THE LANDLORD AND ITS A ERED BY SUCH INSURANCE.	ECEIVED A COPY OI IANT HEREBY RELEA IN OR ABOUT THE PI GENTS IN CONNEC	F THIS AGREEMEN' SES DUNCAN RV S REMISES AND HERI TION WITH ANY DA	O THIS FORM. I AGREE TO ABIDE BY ALL I FOR MY RECORDS UPON SIGNING. BY STORAGE FROM ANY CLAIMS OR LOSS EBY WAIVES ALL RIGHS OF RECOVERY MAGE WHICH IS OR WOULD BE COV-	
I agree to relinquish the use of my assign expired, subject to a refund of any unuse		Storage and despite	the term of my Rental Agreement not having	
xx				
Renter				
OFFICE USE ONLY:				
Start Date: Rental Amount:	:HST:	Total:	Stall Number:	
Due Date:	Gate Code:		Payment Method:	