

Hotel Temporary Accommodation Check-In Form

GUEST INFO	RMATION & RA	ATES			
1 ST Guest:	2 nd Guest:				
Primary Resider	nce:				
City:Province:Cour			y:Postal Code:		
Tel.#:		e-m	ail:		
Room	Nightly	Pre-Paid Temporary	Security Deposit	Key Fee	Occupants
Туре	Rates	Stay Rates	Refundable	Non-Refundable	Allowed
Standard Rooms	\$150	30 days @ \$31.67 \$950/Month	\$500	\$35	2
Premium Rooms	\$200	30 days @ \$33.34 \$1,000/Month	\$500	\$35	2
1 Bedroom Suite	\$250	30 days @ \$43.34 \$1,300/Month	\$500	\$35	3
* 1- Sales and To	urist Tax included	d in prices, 2- Nightly Rat	es apply to stays under	30 days Pre-Paid	Temporary Rates.
Arrival Date: Departure Date: R				oom #	
PURPOSE OF	STAY (Circle O	ne) :			
Study	Medical Vaca	ation Family Work	Other (Specify) :		
I hereby agree to the following:			INITIAL HERE: GUESTS 1 GUESTS 2		
ALL ROOMS NO	ON-SMOKING 8	NO PETS ALLOWED			
ZERO TOLERA DOMESTIC VIC	NCE TO DRUG	S, DRUNKS, PARTIES,	INTIMIDATIONS AN	ID 	
I hereby confirm obligated to mai	& guarantee th ntain one elsew	is is NOT my primary Re	sidence and I am		
		tel and agree to abide by			
		ests restricted areas. Meds allowed at once			
I understand and and banned IMN	d agree that for MEDIATELY with	breaking ANY rules, I wil nout refunds and lose my	I be forced to Check Security Deposit	-Out 	
I hereby confirm I understand hot Residential Tena agree this is a L	tels are exempt ancies Act does	Primary Residence and I from, and are not regula not apply. I will hold the cument.	will be obligated to meted by the Ontario Ro hotel harmless from	naintain one at Al esidential Act, an any legal claims.	L TIME elsewhere d hereby agree the I understand and
Guest 1 :			Guest 2:		
Manager:			Date:		