• 5 1



1. Primary Applicant			
Name:Last Name	First Name	Middle Name	
		windle Name	
Address:Number/Street	City	State/Province	Zip
Birth Date:			
Marital Status (Circle One): Single	Married E-Mail:		
How long have you lived at the above	address? Years:	Months:	
Daytime Telephone:	Evening Tele	phone:	
2. Secondary Applicant			
Name:			<u> </u>
Last Name	First Name	Middle Name	
Address:	City	State/Province	Zip
Birth Date:			
Marital Status (Circle One): Single	Married E-Mail:		
How long have you lived at the above	address? Years:	Months:	,
Daytime Telephone:	Evening Telep	ohone:	
3. As a prospective resident(s), if the a regulations established by Apache We			and
4. I/We understand that space rent is p anniversary date and utility fees must b Space No is required to ma necessary), within 12 months of my clo	be paid monthly. I/We also u eet Apache Welis RV Resort	inderstand that the Park Mo Site Inspection standards (del on
5. Emergency Contact Information:	······································		
Name:			
Last Name	First Name	Relationship	
Daytime Telephone:		hone:	
6. Pet Information (Applicable only i	*	•••	
If a Dog - Breed:			
If other – Type of Pet:	(Circle One) Indoor Pe	et or Outdoor Pet	

7. By signing this application, the prospective resident acknowledges and further agrees to be an asset to the community and to abide by all current rules and regulations that are established and any future rule changes that are adopted by Apache Wells RV Resort Management. I/We understand that acceptance of this application shall be valid only upon the condition that all statements made herein are true. I/We also understand that falsification of any information contained herein on this form is immediate cause for denial of residency at Apache Wells RV Resort or if discovered after move-in, for termination of tenancy. I/We further understand that the lease of said home site will remain valid only upon the condition that actual occupancy remains as described in this application, unless otherwise authorized by the Management. No one may reside on the home site without prior written approval of Management.

Primary	Resident's Signature	Date	Secondary Residen	t's Signature	e Date
		Backgroun (Answer these g	nd Check Authorization mestions for ALL applicants)		
	In the past five years have y If yes, please explain:		y address not listed above?	Yes	No
	Have you ever been evicted	l, had an eviction ac	tion filed against you, or been a	sked to move Yes	involuntarily?
	If yes, please list:			105	
	will not necessarily disqual severity of offenses as part are exempt. If yes, for each and every of conviction, sentence received	ninal conviction or ify you from resider of its screening poli onviction provide an ed, date of completi	demeanor or felony)? Ye guilty plea regardless of age or s ney (as the Community takes into icies/in making its decision), its of an explanation stating the crime/n on of sentence, and whether a m and like the property to know:	everity. Whi account the mission will ame of the o	age, nature, and I. Civil traffic violation ffense, date of
	Have you ever filed for ban If yes, please explain and p			Yes	No
	Have you ever gone by anot If yes, when was previous n			Yes	No
arch of cords. rificati format plicati thorize plicant format format	f my/our background. I/We I/We authorize Apache We ion, now and in the future, o ion. I/We acknowledge that on if discovered before move the release of all information t(s) authorize all persons/firm ion concerning applicants an ion. This application is preli-	understand this may lls RV Resort to co f the above informate ANY false informate- in, and grounds for to Apache Wells and hereby waive all minary only and do	ect. I/We understand that Apacha y include criminal and residentia nduct whatever search they deen tion, references, credit records, a ation contained herein constitute or termination of tenancy if disco RV Resort for move-in purpose med in this application to freely right of action for any consequent es not obligate owner or represen- te to pay the \$25.00 each person,	I history and a necessary a and criminal s grounds for overed after r s. By signin provide any neces resulting intative to exa	I may include other and authorize background r rejection of this move-in. I/We further g this application, and all requested g from such ecute a lease or deliver
imary	Resident's Signature	Date	Secondary Resident's Signat	ure	Date
esort	Use Only: Processed B	y:	D	ate:	
	at: Check# CC	L.	Exp. C	WV	

>TRITON

CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information		1999	
Surname (last name):	Given names(s):		
urname (last name) at birth:	Former name(s):		
lace of birth (City, Province/State, Country):			
Date of birth (YYYY-MM-DD):	Sex (check one)	🗆 Female	🗆 Male
Phone number(s):	Email address:		3 3 L
Current Home Address			
kumber Street	Apertment City	Province/Territory/State	Postal/ZIP code
revious Address(es) Within the Last 5 Years (attach additional page If	necessary)		
Reason for the Criminal Record Verification			
eason for Request (example: Employment – Employer – Job Title): En	nployment		
Drganization Requesting Search: ACUTRAQ			
Contact Name:	Contact Phone Nun	nber:	
ne declared criminal record history provided by myself. I understand t	that this verification of the National Repository o	f Criminal Records is not bein	
SEARCH AUTHORIZATION – i HEREBY CONSENT TO THE SEARCH OF the the declared criminal record history provided by myself. I understand the ingerprint comparison which is the only true means by which to confir POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH the following systems (check applicable): CPIC investigative Data Bank	that this verification of the National Repository o rm if a criminal record exists in the National Repo	f Criminal Records is not bein ository of Criminal Records.	g confirmed by
he declared criminal record history provided by myself. I understand the ingerprint comparison which is the only true means by which to confir POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH he following systems (check applicable): CPIC investigative Data Bank Police in Police in Police in CPIC investigative Data Bank Police in Police in CPIC investigative Data Bank Police in CPIC investigative Data Bank Police in CPIC investigative Data Bank Police in Police in CPIC investigative Data Bank Police in CPIC investigative Data Bank Police in CPIC investigative Data Bank Police in Police in CPIC investigative Data Bank Police Investory Police I	that this verification of the National Repository or rm if a criminal record exists in the National Repo H OF police information systems, as part of a Pol nformation Portal (PiP) ecord or any police information. Ind correct to the best of my ability. I consent to t	f Criminal Records is not bein isitory of Criminal Records. ice Information Check, which he release of the results of th dian Mounted Police from an he disclosure of Information I	g confirmed by will consist of a search e criminal record check y and all actions, claim: by the
he declared criminal record history provided by myself. I understand the ingerprint comparison which is the only true means by which to confir POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH he following systems (check applicable): CPIC investigative Data Bank Police in CPIC investigative Data Bank Police in CUTHORIZATION AND WAIVER to provide a confirmation of criminal on certify that the information set out by me in this application is true ar o <u>ACUTRAQ</u> , located in <u>Canada</u> Company Name City and Country hereby release and forever discharge all members and employees of the nd demands for damages, loss or injury howsoever arising which may rockville/Cobourg/OwenSound/NewWestminster/West Vancouver/Tri ame of Processing Police Service	that this verification of the National Repository or rm if a criminal record exists in the National Repo H OF police information systems, as part of a Pol nformation Portal (PiP) ecord or any police information. Ind correct to the best of my ability. I consent to t the processing Police Service and the Royal Cana thereafter be sustained by myself as a result of the record processing Police Service and the Royal Cana company Name	f Criminal Records is not bein isitory of Criminal Records. ice Information Check, which he release of the results of th dian Mounted Police from an he disclosure of Information I Inc. Toronto. Ca City and Count	g confirmed by will consist of a search e criminal record check y and all actions, claims y the <u>nada</u>
he declared criminal record history provided by myself. I understand the ingerprint comparison which is the only true means by which to confir POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH he following systems (check applicable): CPIC investigative Data Bank Police to	that this verification of the National Repository or rm if a criminal record exists in the National Repo H OF police information systems, as part of a Pol nformation Portal (PiP) ecord or any police information. Ind correct to the best of my ability. I consent to t the processing Police Service and the Royal Cana rhereafter be sustained by myself as a result of ti reaty Three/Annapolis Royal to <u>Triton Canada</u>	f Criminal Records is not bein asitory of Criminal Records. ice Information Check, which he release of the results of th dian Mounted Police from an he disclosure of Information I Inc. Toronto, Ca	g confirmed by will consist of a search e criminal record check y and all actions, claims y the <u>nada</u>
he declared criminal record history provided by myself. I understand to ngerprint comparison which is the only true means by which to confir OLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH the following systems (check applicable): CPIC investigative Data Bank Police in UTHORIZATION AND WAIVER to provide a confirmation of criminal on certify that the information set out by me in this application is true ar <u>ACUTRAQ</u> , located in <u>Canada</u> Company Name City and Country hereby release and forever discharge all members and employees of in d demands for damages, loss or injury howsoever arising which may rockville/Cobourg/OwenSound/NewWestminster/West Vancouver/True of Processing Police Service gnature of Applicant	that this verification of the National Repository or rm if a criminal record exists in the National Repo H OF police information systems, as part of a Pol nformation Portal (PIP) ecord or any police information. Ind correct to the best of my ability. I consent to t the processing Police Service and the Royal Cana to hereafter be sustained by myself as a result of the reaty Three/Annapolis Royal to Date	f Criminal Records is not bein isitory of Criminal Records. ice Information Check, which he release of the results of th dian Mounted Police from an he disclosure of Information I Inc. Toronto. Ca City and Count Signed at City	g confirmed by will consist of a search e criminal record check y and all actions, claims by the nada ry
he declared criminal record history provided by myself. I understand to ingerprint comparison which is the only true means by which to confir OLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH he following systems (check applicable): CPIC investigative Data Bank Police in SUTHORIZATION AND WAIVER to provide a confirmation of criminal on certify that the information set out by me in this application is true ar o <u>ACUTRAQ</u> , located in <u>Canada</u> Company Name City and Country hereby release and forever discharge all members and employees of to nd demands for damages, loss or injury howsoever arising which may rockville/Cobourg/OwenSound/NewWestminster/West Vancouver/Tr ame of Processing Police Service	that this verification of the National Repository or rm if a criminal record exists in the National Repo H OF police information systems, as part of a Pol information Portal (PiP) ecord or any police information. Ind correct to the best of my ability. I consent to t the processing Police Service and the Royal Cana thereafter be sustained by myself as a result of the reaty Three/Annapolis Royal to Triton Canada Company Name Date Year – Month - Day	f Criminal Records is not bein isitory of Criminal Records. ice Information Check, which he release of the results of th dian Mounted Police from an he disclosure of Information I Inc. Toronto, Ca City and Count Signed at City	g confirmed by will consist of a search e criminal record check y and all actions, claims y the <u>nada</u> ry Province/Territory

Name and location of the company where information will be stored in Canada: Triton Canada inc - Toronto, Ontario

**Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. **

CRIMINAL RECORD VERIFICATION Declaration of Criminal Record Form

Declaration of Criminal Record

This form is required to be filled and attached to your Informed Consent Form for a Criminal Record Verification.

Surname (last name)	Given name(s)	Date of Birth:	
			YYYY-MM-DD

Information is collected and disclosed in accordance with federal, provincial and municipal laws.

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the Criminal Records Act;
- A conviction where you were a "young person" under the Youth Criminal Justice Act;
- An Absolute or Conditional Discharge, pursuant to section 730 of the Criminal Code;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

Note that a Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.

Offence	Date of Sentence	Court Location
the second s		

Date (YYYY-MM-DD)

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PARK MODEL



First Name Last	Name	DOB		DL	#/Sta	te		e Wells		rt.
E-mail Address		Cell/Resort	Phone					st Visit turn Visi		Site #
First Name Last	l Name	DOB		DL	#/Sta	te	Date	in		Date Out
E-mail Address		Cell/Resort	Phone)						<u> </u>
Home Address	<u> </u>		Hom	Phone	•			Numb	er of F	'ets:
City	<u> </u>	State	<u></u>	<u> </u>		Count	iry		2	ip
Are you staying in a Park Mo	del or RV	/? 🔲 Park	Mode			₹٧	<u></u> ,,			<u> </u>
In Case of Emergency Notify:				Phone				Relatio	anship:	
1" Auto Make/Model	License	Plate Numbe	9r	Year		State			Coun	Ъту
2 nd Auto Make/Model	License	Plate Numbe	er	Year		State			Coun	bry

This property is privately owned. Management reserves the right to refuse service to envone and will not be responsible for accidents, injuries or loss of property as stated in the GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY that I have received and is incorporated into the Resort Guidelines.

I have received a copy of the Resort Guidelines and agree to abide by them as written and as they may be revised. I understand that violations of the Resort Guidelines are grounds for termination of tenancy, and that my tenancy may not be renewed the following season as well. If I leave prior to my reservation and date I understand that a refund, II any, will be made as set forth in the Resort Guidelines.

I give permission for The Resort to publish photographs of me taken while on the premites for its marketing and advertising purposes. The included information is correct to the best of my knowledge.

By providing my email address on this form, I am opting to receive emails from Cal-Am Resorts. My information is strictly for the use of Cal-Am Resorts and will not be sold or distributed. Emails sent by Cal-Am Resorts will provide clear instructions on how to opt out if I no longer wish to receive them. For more information see; <u>http://www.cal-am.com/privacy-policy</u>

Signature	Date	Signature	Date
Print Name Legibly		Print Name Legibly	<u></u>
Notes	·	I	
			Revised 08/31/2020

DocuSign Envelope ID: 0496AA83-D6F9-4897-8CEF-DF7F3CB8326F



Pets are not allowed in any of the resort facilities. All pets must be registered with Guest Services at time of check-in to the resort and must sign a pet agreement annually. Failure to disclose that you have a pet or accurately advise the number of pets you have, is a violation of the Pet Policy and Management may request that the pet be removed from the resort or the guest may be requested to vacate the RV resort.

<u>Guest agrees to the following policies:</u> Pets will be on leashes no longer than 6' at all times. Pets are to be in the presence and control of the owner or responsible person at all times. Pets are not to be left unattended at any time. Outdoor kennels, fencing or other enclosures are not permitted to be left on the site when not in use.

<u>Pet Droppings</u>: Four pet runs are available throughout the Resort. <u>You MUST pick up after your pet</u>. When walking your pet please carry appropriate means for cleaning up the pet's droppings. All droppings must be picked-up immediately. Doggie bags are provided at the pet runs for your convenience. Your pet is not allowed to use your neighbor's site or any VACANT SITE for potty breaks. This is a violation of the Pet policy for the resort.

Pets are not allowed to invade the privacy of any other guest's site and must not interfere with other guest's peaceful enjoyment of the Resort. Violations include: excessive barking, aggressive behavior, voiding on other guests site, etc. Pets are not allowed in or near the common areas of the Resort. This does include all of the grassy berm areas.

Liability Disciaimer: The guest agrees to be responsible for the pet(s) and to immediately reimburse the RV Resort and/or other guest or any other persons for any damages caused by the pet(s). In any event, the guest expressly agrees to indemnify and hold harmless the management and owner of the RV community of any and all liability or claims of liability arising in connection with the pet(s), including attorney's fees.

<u>Complaints:</u> Guest agrees that if any violation of the Pet Guldelines is observed by Management or another guest makes a valid complaint, the first complaint will be a verbal warning from People for Pets. If a second valid complaint is received, and appropriate action is not taken by the guest, People for Pets will issue a written warning, and a third complaint will be handled by management who may request that the pet be removed from the resort or the guest may be requested to vacate the RV Resort.

<u>Vaccinations</u>; Guests are required to provide a copy of current vaccinations for their pet. Shots required are Distemper, Bordetella and Rabies. Pets that are not current in vaccinations will be required to have vaccinations completed after arrival at a veterinarian of choice. Guest certifies that all pets are licensed with the proper authorities.

The following breeds are NOT permitted: Chow, Rottweiler, and Pit Bull, or any mix containing these breeds.

1.00		
Pet One:	Breed:	

Pet Description:

Signature	* 		Date:	
Arrival Da	te:	Departure Date:	Kind of Res	dence:
Name of (Owner:		Site No.:	
Pet Two:	Breed:	Color:	Kind of Pet:	Name:
Pet One:	Breed:	Color:	King of Pet:	Name:

A copy of this agreement will be kept in the Guests file. The Pet Agreement is to be updated annually.

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Apache Wells Engraved Name Badge Order Form

Choose>	Pin on Badge	Magnetic Badge Please check with your physician to see if you have any medical condition that will preclude using a magnetic badge such as a pacemaker, etc.
Site #		barcinduc, co.
Date		
First Name		
Please Print	As you wish your name to appear/nickna	me etc
Last Name		
	To be printed on Badge	
State	To be printed on Badge	
	(y inc get tripper of) presign.	
First Name		
Please Print	As you wish your name to appear/nickna	ne etc
Last Name		
	To be printed on Badge	
State	To be printed on Badge	
	to be britted ou health	