



**APACHE WELLS RV RESORT
Resident Application**

1. Primary Applicant			
Name: _____			
_____	_____	_____	_____
Address: _____			
_____	_____	_____	_____
Birth Date: _____		Social Security/SIN: _____	
Marital Status (Circle One): Single Married E-Mail: _____			
How long have you lived at the above address? Years: _____ Months: _____			
Daytime Telephone: _____		Evening Telephone: _____	

2. Secondary Applicant			
Name: _____			
_____	_____	_____	_____
Address: _____			
_____	_____	_____	_____
Birth Date: _____		Social Security/SIN: _____	
Marital Status (Circle One): Single Married E-Mail: _____			
How long have you lived at the above address? Years: _____ Months: _____			
Daytime Telephone: _____		Evening Telephone: _____	

3. As a prospective resident(s), if the application is accepted, I/We agree to abide by the rules and regulations established by Apache Wells RV Resort. Initials: _____			
4. I/We understand that space rent is payable on an Annual basis, and is due in full, on or before the anniversary date and utility fees must be paid monthly. I/We also understand that the Park Model on Space No. _____ is required to meet Apache Wells RV Resort Site Inspection standards (if necessary), within 12 months of my closing date. Initials: _____			
5. Emergency Contact Information:			
Name: _____			
_____	_____	_____	
Daytime Telephone: _____		Evening Telephone: _____	
6. Pet Information (Applicable only if Pet will reside on Property)			
If a Dog - Breed: _____		Weight at Maturity: _____	
If other - Type of Pet: _____ (Circle One) Indoor Pet or Outdoor Pet			


**CRIMINAL RECORD VERIFICATION
Informed Consent Form**

A. Personal Information	
Surname (last name):	Given name(s):
Surname (last name) at birth:	Former name(s):
Place of birth (City, Province/State, Country):	
Date of birth (YYYY-MM-DD):	Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male
Phone number(s):	Email address:
Current Home Address	
Number	Street
Apartment	City
Province/Territory/State	Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)	
B. Reason for the Criminal Record Verification	
Reason for Request (example: Employment – Employer – Job Title): Employment	
Organization Requesting Search: ACUTRAQ	
Contact Name:	Contact Phone Number:
C. Informed Consent	
<p>SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.</p>	
<p>POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):</p> <p><input type="checkbox"/> CPIC Investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP)</p>	
<p>AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>ACUTRAQ</u>, located in <u>Canada</u></p> <p><small>Company Name City and Country</small></p> <p>I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the <u>Brockville/Cobourg/OwenSound/NewWestminster/West Vancouver/Treaty Three/Annapolis Royal</u> to <u>Triton Canada Inc.</u> <u>Toronto, Canada</u></p> <p><small>Name of Processing Police Service Company Name City and Country</small></p>	
Signature of Applicant	Date
	Year – Month – Day
	Signed at
	City
	Province/Territory
D. Identification Verification	
<input checked="" type="checkbox"/> Physical Identity Verification <input type="checkbox"/> Electronic Identity Verification	
Witnessing Agent's Name:	Identification Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Witnessing Agent's Signature:	Type of Photo ID Viewed (Government Issued) & Secondary ID

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

Date (YYYY-MM-DD)

PARK MODEL



First Name	Last Name	DOB	DL#/State	Resort Name: Apache Wells RV Resort	
E-mail Address		Cell/Resort Phone		First Visit <input type="checkbox"/>	Site #
				Return Visit <input type="checkbox"/>	
First Name	Last Name	DOB	DL#/State	Date In	Date Out
E-mail Address		Cell/Resort Phone			
Home Address			Home Phone	Number of Pets:	
City		State	Country	Zip	
Are you staying in a Park Model or RV? <input type="checkbox"/> Park Model <input type="checkbox"/> RV					
In Case of Emergency Notify:		Phone	Relationship:		
1 st Auto Make/Model	License Plate Number	Year	State	Country	
2 nd Auto Make/Model	License Plate Number	Year	State	Country	

This property is privately owned. Management reserves the right to refuse service to anyone 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 end date I understand that a refund, if 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 premises 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: <http://www.cal-am.com/privacy-policy>

Signature	Date	Signature	Date
Print Name Legibly		Print Name Legibly	
Notes			



PET AGREEMENT
Limit Two (2) Pets

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.

*Guest agrees to the following policies: 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.***

Pet Droppings:** Four pet runs are available throughout the Resort. **You MUST pick up after your pet.** 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 Disclaimer:** 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.*

***Complaints:** Guest agrees that if any violation of the Pet Guidelines 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.*

***Vaccinations:** 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.

Pet Description:

Pet One: Breed: _____ Color: _____ Kind of Pet: _____ Name: _____

Pet Two: Breed: _____ Color: _____ Kind of Pet: _____ Name: _____

Name of Owner: _____ Site No.: _____

Arrival Date: _____ Departure Date: _____ Kind of Residence: _____

Signature: _____ Date: _____

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

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 # _____

Date _____

First Name

Please Print

_____ As you wish your name to appear/nickname etc

Last Name

_____ To be printed on Badge

State

_____ To be printed on Badge

First Name

Please Print

_____ As you wish your name to appear/nickname etc

Last Name

_____ To be printed on Badge

State

_____ To be printed on Badge