Sunset Suites Wait-list Application

Applicant (please print name)





Date

Sunset Suites - 49 Raglan Street, Collingwood, Ontario L9Y 4X1

Please print clearly and fill out all sections. Calls to offer housing are normally made during the day. Please provide us with a daytime number where you can be reached. FIRST NAME: LAST NAME: STREET ADDRESS: CITY/TOWN: PROVINCE: POSTAL CODE: HOME PHONE:() CELL PHONE: () EMAIL: LANGUAGE PREFERENCE: English French □ WHAT SIZE UNIT DO YOU WANT (check all applicable)?: One-bedroom □ Two-bedroom □ DO YOU WISH TO: Purchase ☐ Rent ☐ DO YOU GIVE CONSENT TO THE COUNTY TO PROVIDE YOUR CONTACT INFORMATION TO SUNSET VILLAGE OWNERS WHO WISH TO SELL OR RENT THEIR SUITE? Yes I No I **ALTERNATE CONTACT** NAME: _____ HOME PHONE: (____) RELATIONSHIP: Personal information contained in this form or in any attachments to it is collected by Simcoe County, pursuant to the Freedom of Information and Protection of Privacy Act or the Municipal Freedom of Information and Protection of Privacy Act, and will be used only as set out in this form. SIGNATURE OF APPLICANTS: Date Signature **Applicant** (please print name)

Signature