

APPLICATION FORM NON-RESIDENT

In order for applications to be processed, payment as applicable and **TWO** of the following pieces of documentation must be provided at the time of processing: a property tax notice, a utility bill (not including a telephone bill) and/or a driver's license.

Applications will be processed at the Trail Aquatic & Leisure Centre

PERSONAL INFORMATION

Primary Account Holder **Residential Information**

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Birthdate: _____

Email _____

Do you own or rent this property: **OWN** **RENT**

SECONDARY ADDRESS INFORMATION (IF APPLICABLE)

(to be filled out if residency is being claimed against a business or rental property that is different than above):

Business/Rental Address: _____

City: _____ Postal Code: _____

NOTE: If an applicant's name does not appear on the property tax notice and/or utility bill at a business address, a Province of BC Business Registration form showing the applicant's name as an Officer or Director of the company (applicable property) must be provided.

FAMILY INFORMATION

List all other people residing in the primary household who should receive a residency card.
Limit of 2 adults and children/dependents under 19.

Name	Birthdate
1.	
2.	
3.	
4.	
5.	
6.	

I, the undersigned, acknowledge that all people included as part of this residency card application are members of my family as outlined in Bylaw 2690. I recognize that providing fraudulent information or using the residency card in a fraudulent fashion will result in loss of residency privileges for all parties noted on this application form. **Further I understand that this pass is valid until September of each calendar year and is not prorated based on purchase date.**

Applicant Signature

Print Name

Date Signed

OFFICE USE ONLY

Documents used for residency verification (2 must be provided):

- Property tax notice Roll# _____ Drivers License # _____
 Utility Bill Acct # (phone bill not accepted) _____
 Resident verification complete & noted above Information entered into the Class system All resident cards printed

Date Processed: _____

Staff person: _____

Payment type (if applicable): _____