

COTTAGE APPLICATION – THEBRUCERENTALS.COM

Date _____

Primary Applicant's Name _____ Home Phone (____) _____

Cell Phone (____) _____

Secondary Applicant's Name _____ Home Phone (____) _____

Primary Applicant's Address _____ Unit # _____

City _____ Province/State _____

Postal/Zip Code _____ Country _____

Business Phone (____) _____ Ext # _____ Name of Person at this # _____

Email address _____

Preferred Method for us to contact you _____

Number of years at present address ____ Rent ____ Own ____

WWW.THEBRUCERENTALS.COM

Admin@thebrucerentals.com

519-239-9429 – 519 893-1760

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Employer's Name and Address _____

Job Title _____ Length of Employment _____

Driver's License Number _____ License Plate # _____

Home Insurance Provider _____ Policy Number _____

Insurance Provider Phone Number (____) _____

Names, addresses and phone numbers of ALL adults and children occupying cottage, (including ages of anyone under 25)

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