

Lodging house certification application



A. Project address

Project address, including unit number: _____

Municipality: _____ Postal code: _____

Number of bedrooms: _____

B. Owner information

Corporation or partnership (if applicable): _____

Last Name: _____ First Name: _____

Primary residence, including unit number: _____

Municipality: _____ Postal code: _____

E-mail: _____ Phone number: _____

C. Declaration of owner

I (print name) _____ certify that:

1. I am the owner of the lodging house located at the above noted address.
2. I hereby make this application to recognise the lodging house with the City of Guelph.

Date: _____

Signature of owner:

Collection of Personal Information

Personal information is being collected and will be used for the purposes of verifying ownership and responding to the request.

Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.

If you have questions about the collection, use or disclosure of this personal information please call 519-822-1260 extension 2349 or email privacy@guelph.ca.

