



GUEST SUITE RENTAL APPLICATION

General Information and Fees

Please complete this form and return it to the Manager or Superintendent, a signed copy will be returned to you. A cheque or cash should accompany this application.

1. Rental fee **(\$100.00)** per night.
2. Refunds will be issued if cancellation notice is received seven (7) days prior to the date booked.
3. Guest Suite A has one (1) Queen bed and Guest Suite B has two (2) Twin beds. Both suites are located in the C wing of the basement.
4. Check-in is at 2:00pm and check-out is at 10:00am.

Full Name _____ Apt. # _____

Tel. _____ Guest Suite A ☐ B ☐ for _____ nights

Date Required: From _____ To _____

Signature _____ Date _____

Rental (\$100) / night)

INTERNAL USE

Nights _____ Total \$ _____

Payment - DEBIT { } VISA/ MASTER CARD { } - **Note VISA / MASTER CARD is a 2% ser charge**

Approved By _____ Date _____

By signing this application, you agree to the following:

Rental Rules and Regulations

1. Only residents of the building may rent the Guest Suites. The resident is responsible for their guest(s), please look after them.
2. Ask a staff member on duty for your key, which will be released only after the fee has been paid. You will receive a building entrance key and a room key, on one keychain, and the resident is fully responsible for ensuring these keys are returned to staff on duty.
3. The resident is fully responsible for the state of the Guest Suites (cleanliness, damage, or loss) and for the behaviour of all guests and/or visitors. Garbage and recycling are located in the garage, accessible from the C wing in the basement. If the Guest Suite is not in a good state when the room is taken over, contact the on-duty superintendent (**613-829-8200**).
4. If you have booked the Guest Suite for more than three (3) consecutive days, the Staff will provide you with clean linen upon request.
5. In case of a fire or medical emergency, please call 911. For any other emergency please contact the on-duty superintendent (**613-829-8200**).
6. It is understood that Staff, Directors and building fire and security personnel, have the authority to inspect the Guest Suites at any time and may close them if fire, security, or other rules are not being followed.
7. 3100 Carling is a smoke-free property, smoking and vaping is strictly prohibited.

Carleton Condominium Corporation No. 8

3100 Carling Ave.
Nepean, ON
K2B 6J6

Tel: 613-829-8432
Email:
carletoncondo3100@outlook.com

Office Hours: Monday to Friday
7:00am to 11:00am
www.condoccc8.ca



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8. Parking for guests is in the back lot behind the building, marked 'visitors' with 24-hour registration required. At no time what-so ever are vehicles to remain parked (overnight) in the front parking area, after 1:00am. Vehicles improperly parked will be ticketed and/or towed.
9. The resident is responsible for informing their guests of the building rules as outlined in the Resident Handbook and will be fined for any rules being broken.
10. The Board of Directors reserve the right to refuse future use of the Guest Suites to any resident who does not comply with these rules.

Ingoing

INTERNAL USE

I have inspected the Guest Suite prior to taking the keys and have found the room to be presented in an acceptable manner.

Applicant (Resident) Signature _____

Date _____ Time _____ am/pm

Outgoing

I have inspected the Guest Suite after the occupants' departure and have found the room to be presented in an acceptable manner.

Staff Signature _____

Date _____ Time _____ am/pm

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