



File Number

I, _____ of the City/Town/Municipality of _____

declare that:

To the best of my knowledge, the information in this form is complete and accurate. I understand that it is an offence under s.234 of the *Residential Tenancies Act, 2006* to file false or misleading information in this form.

Name

Signature

Date (dd/mm/yyyy)

OFFICE USE ONLY:
Delivery Method: <input type="radio"/> In Person <input type="radio"/> Mail <input type="radio"/> Courier <input type="radio"/> Email <input type="radio"/> Efile <input type="radio"/> Fax FL <input type="text"/>