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## APPLICATION FOR SEASONAL LOTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Trailer Make/Model/Year \_\_\_\_\_

The applicant understands that Cedar Cove Resort requires full payment for seasonal lot & trailer tax before occupancy can take place. This property is privately owned and operated. The owner assumes no responsibility for any accidents or injury to guests or their belongings. The owner assumes no responsibility for any acts of god that may damage property or prevent access. The owner reserves the right to refuse service or evict any person that is not complying with the above regulations with no refund or prior notification.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_