



TENANT TRANSFER FORM

I/We the undersigned, the owners of

(Street Address-Please Type/Print)

Hereby transfer our access/membership (as applicable) to our tenant(s):

(Name(s) of Tenant(s)-Please Type/Print)

This access is granted until _____, 20____.
(Month) (Date)

**or when notification of change is given by owner/landlord.*

(Owner-Please Type/Print)

(Owner/Landlord Signature)

(Tenant-Please Type/Print)

(Tenant Signature)

Signed on _____, 20____.
(Month) (Date)

Tenant is solely responsible for their actions on CGRA property. Owner/Landlord assumes no liability whatsoever for the Tenant's actions at CGRA.

Chappelle Gardens Residents Association
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780-705-1815
admin@chappellegardensra.ca
chappellegardensra.com