#7 MILNE STREET, BOX 359
MINDEN, ONTARIO KOM 2KO
705-286-1260
www.mindenhills.ca

Guest Register

Property Address: _____ Licence number: _____

Check-in date	Check-out date	Number of Renters	Number of Guests	Renters have been given and signed the required documents	Smoke and carbon monoxide alarms inspection after check out. Provide the name of the person who completed it and the date of inspection.