



**COUNTRY VILLAGE NURSING HOME APPLICATION**

**RESIDENT:**

**SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**SERVICE ADDRESS: 440 COUNTY RD 8, WOODSLEE ON, NOR 1V0**

**ROOM NUMBER:** \_\_\_\_\_ **BED:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_

**RECEIVE BILLS VIA EMAIL? YES NO**

**EMAIL:** \_\_\_\_\_

**PRE-AUTHORIZED PAYMENTS? YES NO**

(MasterCard, VISA, or Bank Account)

**SERVICE REQUESTED:**

**PHONE – NEW NUMBER** \_\_\_\_\_

**TV-** \_\_\_\_\_

**Install Fee:** \$55 for TV  
\$24 for Telephone

**Room Move:** \$55 for TV  
\$24 for Telephone

.....  
**DATE OF SERVICE** \_\_\_\_\_

**APPLICANT** \_\_\_\_\_

**\*\*APPLICANT OR CO-SIGNER IS RESPONSIBLE FOR ANY CHARGES FOR SERVICE\*\***