The Corporation of the Township of Georgian Bay

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Guest Log

Property address: _____ Registration number: _____

Check-in date	Check-out date	Number of Guests	Renters have viewed and signed required documents	Smoke and Carbon Monoxide alarms check after check-out.	Date of inspection	Name of the person(s) inspected

*Must be made available to an officer upon request during an inspection of the property (section 3.5 (c))