

INSTALLATION OF ASSISTED DEVICES
BY EXTERNAL AGENCIES ON DISTRICT OF MUSKOKA PROPERTIES
Form SH-908-2019-02

This form is for tenants who are working with an agency (not The District of Muskoka – Community Housing) to have an assisted device installed in their unit. This form must be completed to ensure that:

- you are aware of what equipment is being installed
- you understand that you are fully responsible for this equipment

Please read this form carefully prior to completion.

Name of Tenant: _____

Address (Unit): _____

Type of equipment (Equipment): _____

Name of agency installing equipment (Agency): _____

1. Authorization for installation

I have authorized the Agency listed above to install the equipment in my unit.

2. Ownership and maintenance of equipment

I agree that I will own the equipment and be responsible for all maintenance and repair of the equipment.

3. Removal of equipment

I agree that, if my tenancy ends or if I no longer need the equipment, I will remove the equipment from my unit and repair any damage caused by the removal of the equipment.

4. Costs and liability

I acknowledge and agree that The District of Muskoka is in no way liable for any costs or claims relating to the equipment, including any costs or claims relating to its installation, maintenance, repair and removal. I hereby release and hold harmless The District of Muskoka, its officers, employees or agents from and against any claims, damages or liability arising from or related to the equipment.

5. General

I have read this form before signing below, I fully understand it and I am providing this acknowledgment voluntarily. I understand that this acknowledgment is binding on me, my heirs, executors and administrators.

Signature: _____

Date: _____