Gardening Request Form

I am requesting permission to have gardening privileges with the District Municipality of Muskoka, Community Housing.

Tenant Name: _____

Address: _____

_____

Contact Information: Phone: _____

Email: _____

Which would you prefer? (Check only one):

Raised Garden Bed: ____ Garden Plot: ____

Size of Garden Space requested _____

Submit your completed form to the Landlord by email to communityhousing@muskoka.on.ca or deposit into drop box at any office location:

70 Pine Street, Bracebridge:
141 Main Street, Gravenhurst; or
King William Street, Unit 5, Huntsville.

Or by mail to the attention of:

District Municipality of Muskoka
Attention: Community Housing
70 Pine Street, Bracebridge, ON P1L 1N3

The Authorized Representative has the right to permit gardening privileges where there is suitable property available to do so, on a case-by-case basis and that the decision of the Authorized Representative and the District is final.

By signing below, I acknowledge that I have read and understand Garden Policy SH-011-2024 and agree to comply with the policy.

Name: _____ Date: _____

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