



TRIPLE "EH" RENTALS | RUDY AND TERESA KRAUSE 626 TWIN BROOKS BEND | EDMONTON, ALBERTA | T6J7E2 | CANADA PH 780-433-4346 | CELL 780-984-9151

	THIS LEASE:
	Made and entered into on
	between Rudy & Teresa Krause - {LESSOR}
	LESSEE(s):
	Name:
	Street Address:
	City, State, Province:
	Email:
	Phone:
	The Lessor, in consideration of said rental agreement, hereby leases, under the terms and
	conditions set forth, the property described as:
L	IE PARTIES COVENANT AND AGREE AS FOLLOWS
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	LEASE TERMS
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-	CANICELL ATION POLICY
5	CANCELLATION POLICY
	If the reservation is canceled the deposit will not be refunded.
6	CHECK-OUT
	Prior to check-out all dishes should be washed and put away. Beds may be left unmade and sheets and pillows left on. Towels should be placed in the laundry hamper or bath tub. Make sure all doors and
	windows are locked and shut, and thermostat turned off. All keys to be left on the kitchen table.
7	ASSIGNING AND SUBLETTING
	Lessee agrees not to assign this lease, nor sublet the leased property. Number of Occupants
	Guests other than the amount stated here is prohibited without our consent.
8	SURRENDER OF PROPERTY
~	At the expiration of the lease, Lessee agrees to return peaceable possession of the said property in as
	good condition as received. Check-out is no later than 10:00AM on the LAST DAY of the lease, unless
	previously agreed in writing.
9	OTHER CONDITIONS
	The property is non smoking and non pet. If a pet is found in the unit the renter is subject to immediate
	eviction, and no refund will be given.
	Please leave the B.B.Q. clean and full as you found it.
	We may enter the premises in the event of Emergency, make repairs or improvements or to show the
	property. We will give the renters 48 hours notice.
10	FORM OF PAYMENT
	We will accept Cashier Cheque or Money Order made out to: Teresa Krause. RENT can be dropped off or
	the first day of each month to: at
ı	The undersigned acknowledge no agreement, verbal or applied other than which is contained herein.
1	Lessee:DATE
1	Signature:



Signature:

Lessor: DATE ____