

Date: _____

OFF-CAMPUS ACCOMMODATION

Name: _____

Type of Housing:

Address: _____

apartment room & board duplex

room house condo

Phone: (Home) _____

Rent: per month _____ per week _____

(Business) _____

negotiable _____

Date available: _____

Other particulars:

NOTE: TRU has not inspected these accommodations and assumes no responsibility.
PLEASE NOTIFY TRU-WILLIAMS LAKE WHEN ACCOMODATION HAS BEEN FILLED.