

**RESIDENT INFORMATION**

Residents Last Name	Residents First Name
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**CONTACT/ SPOUSE/ POWER OF ATTORNEY INFORMATION (If applicable)**

Last Name		First Name
Cellphone Number	Email	Position/Title

**SERVICE ADDRESS**

Street Address <b>COUNTRY VILLAGE NURSING HOME 440 COUNTY RD 8</b>		
City/Town <b>WOODSLEE</b>	Province <b>ONTARIO</b>	Postal Code <b>NOR 1V0</b>
Room #	Bed #	Notes:

**MAILING ADDRESS (If different from above)**

Street Address		
City/ Town	Province	Postal Code

**PAYMENT METHOD**

Would you like pre-authorized payments?	Yes	No	
Would you like to receive bills via email?	Yes	No	Email (if different from above)

## CUSTOMER AUTHORIZATION

The Customer certifies that all statements made in this application, including any attachments, are true and complete. The Customer acknowledges having read the agreement with Gosfield and accepts the terms and conditions hereof.

Other conditions apply including the terms of service available at <http://gosfieldtel.ca/legal> or by calling (519) 839-4734.

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Signature of applicant

Signature of Co-signer (If applicable)

Date

**\*\*APPLICANT OR CO-SIGNER IS RESPONSIBLE  
FOR ANY CHARGES FOR SERVICE\*\***

### RETURN THIS FORM TO:



Email us

[info@gosfieldtel.ca](mailto:info@gosfieldtel.ca)  
24/7



Drop off

128 County Rd 34 W,  
Cottam, Ontario N0R 1B0



Need help? Live Chat

[gosfieldtel.ca](http://gosfieldtel.ca)  
Mon-Fri 8:30am-4:30pm EST

### OFFICE USE ONLY

Install Date	Notes
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### SERVICE REQUESTED

TV [ ]	Internet [ ]	Phone [ ]
Telephone #	Notes:	

### INSTALL FEE

\$55 for TV [ ]	\$55 for Internet [ ]	\$24 for Telephone [ ]
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### ROOM MOVE

\$55 for TV [ ]	\$55 for Internet [ ]	\$24 for Telephone [ ]
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