

Monthly Occupancy Return

PLEASE COMPLETE	
License Number:	
Property Name:	

RETURN FOR THE MONTH OF <input type="checkbox"/> , YEAR _____	
<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> June	<input type="checkbox"/> December

AVAILABLE ACCOMMODATION
Total number of units available _____ (A unit is normally one room. However, a cottage or suite containing two bedrooms or more is considered <u>one</u> rentable unit.)

OTHER INFORMATION	
Vacationing	%
Business	%
Convention	%
Motorcoach	%
TOTAL	100%

Completed form **MUST** be submitted within **SEVEN DAYS** after the end of each month via internet, by mail, or fax:

INTERNET:
<http://www.gov.ns.ca/tch/tourism/accommodation-stats.aspx>

MAIL:
Research Section
Department of Tourism, Culture & Heritage
PO Box 456
Halifax, NS B3J 2R5

FAX: 902-424-3013

For more information contact Celia Moase at:
moasecd@gov.ns.ca or (902) 424-4230

Day	Units Sold	No. of Guests
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
TOTAL		

If the accommodation is a seasonal operation, please check on final return

CLOSED FOR THE SEASON

OCCUPANCY REPORTS WILL NOT BE ACCEPTED BY TELEPHONE

Signature of Authorized Person