

# 'THE VIEW'

## Self-Catering Accommodation

Harbour Gaze, Buzza Hill Road, St. Mary's, Isles of Scilly,  
Cornwall TR21 0NQ

Telephone/Fax: (01720) 423679. Mobile: 07901-885878  
e-mail: bridgetlarn1@hotmail.co.uk

### Conditions of Tenancy

1. The person making the booking must have reached the statutory age of majority, and accompany the party. **Bookings run Friday to Friday.** **The View** will be ready of occupancy from noon, and must be vacated on the day of departure by 10am.
2. The accommodation must not be sub-let and except as may be arranged with the proprietors, only the party booked and the number stated may occupy **The View**.
3. **The View** must be left in a clean and tidy condition. The proprietor reserves the right of access to **The View** for checking and maintenance at any time. Every consideration will be given to the privacy of tenants. The proprietor reserves the right to make a claim against any breakages, loss or theft and the tenant agrees to pay for loss or damage to the premises, its fixtures, fittings and contents and the full value of any such claim.
4. No liability can be accepted for any personal injury, loss or damage to tenants property and that cover should be secured under the tenants own insurance.
5. In the event of cancellation of a booking every effort will be made to re-let. However if it is not possible to re-let **The View**, the full amount will become due as if the accommodation had been occupied. Holiday insurance will cover this eventuality, and it is strongly recommended tenants take out their own travel insurance prior to arrival.
6. A deposit of £100 per week is payable at the time of booking, and the balance outstanding must be paid 28 days prior to arrival. Payment can be made by cheque, cash, postal or money order, or by bank transfer made out to: B. T. Larn, Lloyds TSB. Sort code: 30-96-56, account number: 22785468.

### Applicant Details

Date of week(s) required (see note 1. above):.....

Time of arrival on St. Mary's:.....

Time of Departure:.....

Will you require (please delete as necessary): Single Beds or Double Bed

Name of applicant:.....

Applicants Address:.....

.....

Postcode:.....

Telephone Number:..... Mobile:.....

**Signature of applicant:**.....