Standard RV Park Guest Application

This RV Park does not discriminate on the basis of race, sex, religion, nationality, disability, age, veteran's status or any other classification protected by law.

Date:		Estimated Arrival Date:			
General Information:					
Name:					
Present Address:					
City:	State:		Zip:		
Telephone at Present Address:					
Social Security Number:					
Driver's License Number:		State:			
(please attach copy of driver's license for Previous Address:	verification purposes))			
Previous Address: List name, age and relationship of all other	persons authorized (C	Other Occupants) to occ	cupy the recreational ve	hicle:	
Name:	Λα	۵۰	Relationship:		
Name:	Ago	··	Polationship:		
Name:	Age Δασ	٠	Relationship:		
ivaine.	Ago	J	Kerationship.		
Employment History (Primary Guest O	<u>nly):</u>				
Name & Address of Present Employer:					
Position Held with Present Employer:					
Length of Employment with Present Empl	oyer:				
Supervisor's Name and Telephone Numbe	r:				
Work Number and Fax Number:					
Rental/Criminal History (Primary Gues	t and all Other Occu	pants):			
Primary Guest:					
Name & Address of Present Landlord:					
Name & Address of Present Landlord: Telephone No. of Present Landlord:		Date Moved In:		Date Moved Out:	
Name & Address of Previous Landlord (in	mediately prior to Pre	esent Landlord):		_	
Telephone No. of Prior Landlord:		Date Moved In: _		Date Moved Out: _	_
Other Occupants:					
N 9. Addus					
Name & Address of Other Occupants:					
Telephone No. of Other Occupants:					
Has either Primary Guest or any Other Occ	runant(s) (listed above	e) ever (check if applica	hle).		
Been evicted or asked to move of) ever (eneck if applied	ioic).		
Broken a rental agreement or lea					
Been or are currently delinquent		19			
Received deferred adjudication					
Been convicted of a Felony?	for a relong.				
Been convicted of a relong.					
<u>Vehicles</u> :					
List all vehicles to be parked on property:					
Type of RV: Yes or N	Length:	Year:	License No		State:
	o If yes, how ma	ny:			
Any lien(s) on the RVYes or	_No If yes, list the r		nholder(s)		_
Make of vehicle:	Year:	License No.		State:	
Make of vehicle:	Year:	License No.		State:	

_____ Initials

Emergency:	
In case of emergency, notify:	
Name: Address: Work Ph. No.:	
WOIK FII. NO.:	Relationship:
Pets:	
Will a pet be staying on the site: yes no. If yes, please list the type, breed and weight of pet:	
*** ALL BLANKS MUST BE FILLED IN WITH REQU	UESTED INFORMATION
authorize the verification of same by any means. Primar report including information as to the character, gener which a consumer report is made has the right to reque the Fair Credit Reporting Act. False information give	Occupants represent that all of the above information is true and complete and ry Guest and all Adult Other Occupants acknowledge that an investigative consumer ral reputation, mode of living, whichever is applicable, may be made. Anyone on est additional disclosures and a written summary of the rights of a consumer under en shall entitle RV Park to: (1) reject this application; (2) retain the deposit in erminate Primary Guest's right of occupancy in accordance with the site rental ous criminal offense under the laws of this State.
Primary Guest:	RV Park:
By:Printed Name:	By:
Adult Other Occupant(s):	
By:	
FAX TO	
MAIL TO	