

RESIDENT INFORMATION FORM

Today's Date: _____

Address of Property: _____

Mailing Address: _____

RESIDENT #1 PERSONAL INFORMATION

Full Name: _____ Phone # _____

Birth date: _____ Driver's License ID Number/State: _____

Email address: _____

RESIDENT #2 PERSONAL INFORMATION

Full Name: _____ Phone # _____

Birth date: _____ Driver's License ID Number/State: _____

Email address: _____

Additional Occupants (List every occupant 1) name, 2) age, and 3) their relationship to you.)

Description of RV (make, model, year, length): _____

Number of pets you may bring with you (please describe): _____

Emergency Contact:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Name of Nearest Living Relative:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ Phone _____

By signing below, applicant hereby represents all information on this application is true.

Resident #1 signature: _____ Date: _____

Resident #2 signature: _____ Date: _____