



RV SPACE APPLICATION

Staff Use Only:

RV Space Number:	_____	_____	_____
Monthly Rent:	_____	_____	_____
Expected Arrival Date:	_____	_____	_____
Expected Departure Date:	_____	_____	_____
Applicant referred by:	_____ Newspaper	___ Sign	___ Internet ___ Flyer ___ Other
Applicant copy of:	<input type="checkbox"/> SS Card	<input type="checkbox"/> DL	
Spouse copy of:	<input type="checkbox"/> SS Card	<input type="checkbox"/> DL	Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Applicant Information:

Last: _____	First: _____	Middle: _____	Birth Date: _____
Driver's License No.: _____			State: _____
Phone No.: _____	Email: _____		

Spouse:

Last: _____	First: _____	Middle: _____
-------------	--------------	---------------

Additional Occupants: Name all other persons who will occupy the premises: A separate application is required for all applicants 18 years or older, except spouse. Additional charges may apply.

First Name: _____	Last: _____	Relationship: _____	Age: _____
First Name: _____	Last: _____	Relationship: _____	Age: _____
First Name: _____	Last: _____	Relationship: _____	Age: _____
First Name: _____	Last: _____	Relationship: _____	Age: _____

Emergency Contact:

Relationship: _____

Name: _____

Phone: _____

Address: _____

E-mail: _____

RV Information:

Year: _____

RV Type: _____

Make/Model: _____

Color: _____

Length: _____

of Slide-Outs: _____

RV Plate #: _____

Vehicles: List all vehicles, motorcycles to be parked in your RV space. Parking is limited and you may be asked to find alternate parking arrangements for certain vehicles. Additional charges may apply.

Year & Type: #1 _____

Color: _____

Make & Model: _____

State/License: _____

Year & Type: #2 _____

Color: _____

Make & Model: _____

State/License: _____

Pets: List all pets to be kept on the premises (*dogs, cats, birds, reptiles, fish and other pets*). Additional charges and restrictions apply:

Type & Breed: _____

Name: _____

Age & Color: _____

Weight: _____

Type & Breed: _____

Name: _____

Age & Color: _____

Weight: _____

Additional Questions: If yes, please explain.

- | | <u>Yes</u> | <u>No</u> | <u>Explanation:</u> |
|---|--------------------------|--------------------------|---------------------|
| a) Will Applicant maintain RV insurance? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Is any occupant a registered sex offender? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Are there any criminal matters pending? | <input type="checkbox"/> | <input type="checkbox"/> | |

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand this is an application to rent an RV space and does not constitute a rental or lease agreement in whole or part. If application is approved and I decide to rent a space at Acton KOA I agree to be bound by the terms of the attached agreement and by the park rules and regulations. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope. I also understand River Valley RV Resort will not accept mail. A post office box should be established.

Applicant Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

