

Royal Oaks RV Park Application

Date: _____ Estimated stay from: _____ to _____

Applicant Information

Full Name: _____ SSN# _____ DOB: _____

Phone: _____ Email _____

Current Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____ (Please attach copy of driver's license for verification purposes)

Spouse/Co applicant

Full Name: _____ SSN# _____ DOB: _____

Phone: _____ Email _____

Current Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____ (Please attach copy of driver's license for verification purposes)

Other Occupants

List names, ages and relationship of all other occupants under the age of 18. Each occupant 18 and older must submit his or her own application to occupy the recreational vehicle:

Name(s): _____ Age(s): _____ Relationship: _____

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Name(s): _____ Age(s): _____ Relationship: _____

Rental History

Landlord's/Campground Manger's Name: _____

Phone: _____ Email: _____

Date Moved-In: _____ Move-Out Date: _____

Reason for move: _____

Emergency Contacts:

Full Name: _____ Phone: _____ Relationship: _____

Full Name: _____ Phone: _____ Relationship: _____

Vehicles and RV: List all Vehicles, Motorcycles and the RV that will be parked at your site. A maximum of 2 vehicles and 1 RV per site. (Not all sites will accommodate 2 Vehicles. Refer to site map)

1. Make: _____ Year: _____ State of registration: _____ Plate #: _____

2. Make: _____ Year: _____ State of registration: _____ Plate #: _____

RV:

Make of RV: _____ Year: _____ Model: _____ Length: _____

Plate # _____ State: _____ 30 or 50 amp Service? _____

Has either Primary Guest or any Other Occupant(s) (listed above) ever (check if applicable)?

Been evicted or asked to move out by a Landlord? Yes _____ No _____

Broken a rental agreement or lease contract? Yes _____ No _____

Been or are currently delinquent to a previous landlord? Yes _____ No _____

Been convicted of a Crime? Yes _____ No _____

Been found guilty of possession of an illegal substance	Yes _____	No _____
Are you or any other occupant a registered sex offender	Yes _____	No _____
Do you or any other occupants have any criminal matters pending?	Yes _____	No _____

If you marked yes to any of the above, please explain: _____

Pets: All Pets must be pre-registered with the Main Office. No Vicious Breeds Permitted

List all pets you would like to keep on the Property (Maximum of 2 dogs, cats, birds, reptiles, fish and other Pets per RV): _____

Pet #1:

Breed _____	Name _____	Color _____	Weight _____	Age _____
Gender _____	Neutered? _____	Declawed? _____	Shots Current? _____	

Pet #2

Breed _____	Name _____	Color _____	Weight _____	Age _____
Gender _____	Neutered? _____	Declawed? _____	Shots Current? _____	

Copy of current vaccination certificate must be presented to Main Office prior to moving into Royal Oaks RV Park.

***** ALL BLANKS MUST BE FILLED IN WITH REQUESTED INFORMATION**

Applicants certify that all information given is true and correct. Applicants hereby grant permission to contact any references listed to verify accuracy of this application. Park Management reserves the right to run a basic criminal background report on each applicant (free of charge) and an additional in depth criminal history report at the expense of the applicant if required (determined by the results of the basic report). Applicants release the Park Owner or any party providing information to Park Owner from any and all liabilities.

I understand this is an application for the use of an RV Site and does not constitute a Site Services Agreement. If this application is approved and I decide to use the site, I agree to be bound to all and any park rules. Providing of false, incorrect or incomplete information by the applicant may, within the discretion of Park Management, result in an automatic rejection of this application. The Applicant understands that, in the event that any of the above information cannot be verified by the Park's Management, management has the right to deny the application. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-address stamped envelope.

Dated effective as of the date written below.

Primary Guest:

Signed: _____ Printed Name: _____ Date: _____

Adult Other Occupant(s):

Signed: _____ Printed Name: _____ Date: _____