

**Address**: 6596 Riverland Dr., Redding, CA 96002 **Phone**: (530) 365-6402 | **Fax**: (530) 365-2601

Email: info@sacriverrvpark.com | Web: www.sacrriverrvpark.com

## **Application for Residency**

Today's Date	Date Site Needed					
Length of stay		Reason for	stay			
Site applying for	#	Email:				
APPLICANT					# of Adults	
APPLICANT						
Current						
Address					# of Children	
City, State Zip						
Cell #		Work # Work #		Home #		_ _
DOB	Soc Sec #			Driver Lic #		
DOB	Soc Sec #			Driver Lic #		
In case of emerge	ncy, please notify	: Name		<del></del> 	Phone #	
*ADDITIONAL	OCCUPANTS*					
Name		DOB		Relatio	nship	
Name		DOB		Relatio	nship	
**VEHICLES: P	lease note – must	be daily use vehicle.	Please list			
Make	Model _	Colo	r	Year	Plate #	
		Colo	r	Year	Plate #	
*Type of R.V* Motor Home	5 <sup>th</sup> Wheel	Travel Trailer	AMPS_	Plate #		
Make & Model		Size		_ Year	# of Slides	

Name of Register				
(RV must have co		, plates and tags to be ac ny pets staying with you	ecepted) ? Yes No	
Name of Pet Spayed or neuter		Breed (current shots to	M or F Weight be approved/all cats MUST be fixed)	
			M or F Weightbe approved/all cats MUST be fixed)	
			ve" defined dogs (Pit Bulls, Rottweiler	r's, etc)
*EMPLOYMEN	NT HISTORY*			
Current employer – Name			Phone #	
	Contact Person/s	upervisor		
	Dates of employ	ment		
Past employer –	Name		Phone #	
	Contact Person/su	upervisor		
	Dates of employ			
(MUST PROVIDE	E PROOF OF CURR	ENT INCOME)		
TOTAL MONTHI	LY INCOME – NET	\$		
*RENTAL HIST	ORY*			
Current Landlord -	- Name		Phone #	
	Address			_
				_
Previous Landlord	– Name		Phone #	_
	Address			_
I (we) give our conthe signature belo	nsent to allow Sacra	amento River R.V. Park	personnel to contact all of the above refer HAT A MINIMUM 30 DAY NOTICE MI	ences witl
Signature			Date	
Signature			Date	