- Please return with copy of drivers license for each adult
- RV Title/or Registration is required
- No RV over ten years of age
- No Pop-Ups, Tents, Van Conversions, Truck Campers, Etc. allowed
- Pet Vaccinations

HIDDEN CREEK RV RESORT EXTENDED STAY APPLICATION

Hidden Creek RV and Cabin Resort does not discriminate on basis of race, sex, religion, nationality, disability, age, veteran's status, or any other classification protected by law.

| DATE: EST | ΓΙΜΑΤΕD ARRIVAI | DATE: EST | TIMATED DEPARTURE | IATED DEPARTURE DATE: | |
|---------------------------------------|------------------------|-------------------------------|--------------------|-----------------------|--|
| TYPE OF RV: | LENGTH | I: YEAR: | LICENSE PLATE: | | |
| SLIDEOUT(S): Y / N | IF YES, I | HOW MANY: | | | |
| ANY LIEN(S) ON RV: | NAME & | NAME & ADDRESS OF LIENHOLDER: | | | |
| CDVD II DWODII | TION. | | | | |
| GENERAL INFORMA | | | | | |
| Any occupant over the age of 18 who | | perty overnight | | | |
| NAME: | | PRESENT ADDRESS: _ | | | |
| CITY: STA | ATE: | ZIP: | TELEPHONE: | | |
| SOCIAL SECURITY: | | DRIVERS LICENSE: | | STATE: | |
| EMAIL ADDRESS: | | | | | |
| NAME: | | PRESENT ADDRESS: _ | | | |
| CITY: STA | ATE: | ZIP: | TELEPHONE: | | |
| SOCIAL SECURITY: | | DRIVERS LICENSE: | | STATE: | |
| EMAIL ADDRESS: | | | | | |
| Please list any other persons staying | on property, under the | e age of 18 | | | |
| NAME: | AGE: | RELATIONSHIP: | TELEPHONE: | | |
| NAME: | AGE: | RELATIONSHIP: | TELEPHONE: | | |
| NAME: | AGE: | RELATIONSHIP: | TELEPHONE: | | |
| PETS | | | | | |
| Vaccinations must be on file and curr | ent | | | | |
| NAME: | | AGE : WE | IGHT: | _ | |
| BREED: | RA | BIES CURRENT: Y / N FLE | EE/TICK PREVENTATI | VE: Y / N | |
| VET WHERE DECORDS ARE KEI | DT. | | | | |

EMPLOYMENT HISTORY NAME & ADDRESS OF PRESENT EMPLOYER: POSITION HELD WITH PRESENT EMPLOYER: _____ LENGTH OF EMPLOYMENT: ____ SUPERVISOR'S NAME & TELEPHONE NUMBER: ___ **VEHICLES** Please list all vehicles to be parked on property MAKE/MODEL OF VEHICLE: YEAR: LICENSE PLATE: STATE: STATE: MAKE/MODEL OF VEHICLE: ______ YEAR: ____ LICENSE PLATE: ____ STATE: ____ RENTAL/CRIMINAL HISTORY (ALL OCCUPANTS) NAME & ADDRESS OF PRESENT LANDLORD: TELEPHONE OF PRESENT LANDLORD: _____ MOVE IN DATE: ___ MOVE OUT DATE: ____ DO WE HAVE PERMISSION TO CONTACT LANDLORD: Y / N HAS OCCUPANT(S) EVER: (CHECK IF APPLICABLE) o BEEN CONVICTED OR ASKED TO MOVE OUT o BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT o BEEN OR ARE CURRENTLY DELINQUENT TO A PREVIOUS LANDLORD o RECEIVED DEFERRED ADJUDICATION FOR A FELONY BEEN CONVICTED OF A FELONY. IF SO PLEASE EXPLAIN BELOW NONE To reserve a spot you must pay a \$100.00 nonrefundable deposit. The amount is applied to your first month but is not refundable in the event of a cancellation. I AUTHORIZE HIDDEN CREEK RV & CABIN RESORT TO PERFORM A BACKGROUND CHECK REGARDING MY CRIMINAL AND CREDIT HISTORY, IN CONNECTION WITH MY USE OF CAMPGROUND'S PROPERTY. INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL. I AFFIRM AND CERTIFY THAT ALL THE INFORMATION AND ANSWERS TO QUESTIONS HEREIN ARE COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

| OCCUPANT'S SIGNATURE | DATE |
|----------------------|------|
| | |
| OCCUPANT'S SIGNATURE | DATE |
| | |
| OCCUPANT'S SIGNATURE | DAT |