

SUNRISE RV CAMP
110 Sunrise Road
DeFuniak Springs, FL 32433
Website: SUNRISERVCAMP.COM
Email: sunriservcamp@gmail.com

Application for Monthly RV Guests (Please print clearly)

Date _____ Site # _____

Estimated stay – from _____ to _____

Applicant's full name _____

DOB _____

Drivers License # _____ Phone _____

Spouse/Co-Applicant full name _____

DOB _____

Driver's License # _____ Phone _____

Additional Occupants:

List name, age and relationship of all persons who will be staying with you.

Name Age Relationship

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Current Address: _____ Apt./Site# _____

_____ (City, State, zip)

Landlord's Name _____

Phone: Day _____ Fax _____

Date Moved-In _____ Move-Out Date _____

Reason for move _____

Applicant's Previous Address: _____ Apt./Site# _____

_____ (City, State, zip)

Landlord's Name _____

Phone: Day _____ Fax _____

Date Moved-In _____ Move-Out Date _____

Reason for move _____

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Emergency Contact: Name: _____

Address: _____

Phone: _____

Employment Information

Applicant's Current Employer: _____

Address: _____ (City, State, zip)

Supervisor's Name _____

Phone: _____ Fax _____

Start Date: _____ End Date: _____ Gross Mo. Income: \$ _____

Position: _____ How Long _____

Credit References & Banks

Bank _____ Checking _____ Savings _____

Address _____ Phone _____

Credit References (not relatives) (Name, Address & Phone)

1. _____

2. _____

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Vehicle Information: 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).

#1 Make _____ Year _____ Plate # _____

#2 Make _____ Year _____ Plate # _____

Make of RV: _____ Year _____ Model _____

Size _____ Plate #. _____ 30 or 50 amp service

List all pets you would like to keep on the Property (dogs, cats, birds, reptiles, fish and other pets):

Type & Breed Name Color Weight Age Gender Neuter? Declawed? Rabies Shots Current?

_____ yes no yes no yes no

Type & Breed Name Color Weight Age Gender Neutered? Declawed? Rabies Shots Current?

_____ yes no yes no yes no

Type & Breed Name Color Weight Age Gender Neutered? Declawed? Rabies Shots Current?

_____ yes no yes no yes no

Type & Breed Name Color Weight Age Gender Neutered? Declawed? Rabies Shots Current?

_____ yes no yes no yes no

Has Applicant or Co-Applicant ever: Yes / No Been

evicted?

Been asked to move out by a landlord?

Filed for bankruptcy?

Been convicted of a crime?

Is any occupant a registered sex offender?

Are there any criminal matters pending?

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If you answered yes to any of the above questions please explain:

Applicants certify that all information given is true and correct. Applicants hereby grants permission to contact any references listed to verify accuracy of this application. 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 rental or lease 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 or 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 then 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 or by email to sunriservcamp@gmail.com .

Applicant's signature _____ Print name _____

Date Signed _____

Spouse/co-applicant signature _____ Print name _____

Date Signed _____