

Springwood RV Park - Information for emergencies & non-payment

Please Print clearly - fill in your name, phone number and email only. This form will be sent to you by email to complete on line. Thank You.

Date: _____

Full Name: _____

Cell phone #: _____

Email Address: _____

Home Address: _____

Driver's License # & State: We will need a copy on file _____

Social Security # (Last 4): _____

Emergency Contact (Name, Phone #, & relationship): _____

(We will contact this person in case of an emergency.)

Please provide one personal or professional reference.

Name: _____

Phone Number: _____

Relationship & How long have you known each other? _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

RV Type (Class A, B, or C; 5th wheel, travel trailer, etc) _____

RV Year, Make & Model: _____

RV Length: _____

Number of Slides on RV: _____

30 or 50 AMP: _____

License Plate of your RV, including State: _____

Number of People Residing in your RV: _____

****Over 2 people, there is an additional charge of \$2/per day/per person, unless approved by mgmt.****

How many vehicles will be parked on park property?: _____

Vehicle Year, Make & Model: _____

License Plate of your vehicle, including State: _____

Pets (Yes or No): _____

How many pets?: _____

Breed: _____

Weight: _____

Current on vaccines: _____