



Please fill out completely

TENANT INFORMATION

NAME _____

COMPANY NAME (if applicable) _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

DRIVER'S LICENSE # _____ STATE _____

EMAIL _____

ARE YOU AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES: YES / NO

I request that the following individual(s) have access to my space:

NAME _____

RELATIONSHIP _____

VEHICLE INFORMATION

VEHICLE TYPE (Please circle) / Motor Home / 5th Wheel / Boat / Trailer / Other _____

YEAR _____ MAKE _____ MODEL _____

LICENSE PLATE # _____ VIN # _____

LENGTH OF VEHICLE INCLUDING HITCHES OR TRAILERS _____

VEHICLE LIABILITY INSURANCE INFORMATION

INSURANCE COMPANY _____

INSURANCE COMPANY ADDRESS _____

POLICY NUMBER _____ EXP. DATE _____

SECURED PARTIES/LEINHOLDERS: TENANT DISCLOSES TO CAMELOT RV STORAGE:

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____