



RV LOT Vehicle Identification Form

Date: _____ Assigned Lot Space #: _____

Type of Vehicle:

- | | |
|--|---|
| <input type="checkbox"/> Motor Home | <input type="checkbox"/> Pop-up/Folding Camper |
| <input type="checkbox"/> 5 th Wheel | <input type="checkbox"/> Boat |
| <input type="checkbox"/> Travel Trailer | <input type="checkbox"/> Utility Trailer: _____ |
| <input type="checkbox"/> Pickup Camper | <input type="checkbox"/> Other: _____ |

Manufacturer: _____

Model/Type: _____

Color: _____

Size: Length: _____ Width: _____

Registered Owner: _____

License Plate Number: _____ State: _____

License Plate Expiration Date: _____

Boat Registration number: _____

Boat Registration Expiration Date : _____

RV Insurance Policy Number: _____

RV Insurance Provider: _____

RV Insurance Agent Name: _____

Address: _____

Assignee Name: _____ Home lot # _____

Assignee address: _____

Assignee Contact #: _____
Home Cell Work

Assignee email: _____

▶ _____
ASSIGNEE SIGNATURE