## BONITA HEIGHTS PARK CO-OP SEASONAL/SHORT-TERM RV GUEST INFORMATION

3650 Bonita Beach Road, Bonita Springs, FL 34134

RV Manager: Bob Housman: RV Lot M / 239-777-3290 / RVmanagerbhp@outlook.com

Full First & Last Name(s):				
Address:				
City:	State:	Zip Code:	Count	try:
Driver's License #(s):	State Issued:			
(Attach copies of Driver's Lic	enses with this comple	ted form. At least 1	1 Guest mu	st be 55+ years of age
(RV Guests under 55 are permi	itted for short term stays	-less than 30 days- d	luring the of	f season)
Phone Number:	Phone Number:			
Email Address:				
Year, Make, Length, & Type	of RV:			
RV License Plate #:				
Year, Make & Model of Veh	icle:			
Vehicle License Plate #:	(Only	1 vehicle permitte	d at no add	ditional charge)
Pet(s): Dog/Cat: (You must submit copy of up				
	Emergency Co	ntact Information:		
Name:	Ph	one #:		
Name:	Ph	one #:		
Dates of Stay - Arrive:		Depart:		
RV Lot # Assigned:				
Deposit Amount: \$	Payment Method:	Last 4-Digits	cc:	Date Paid:
Please make checks pa		s Park Cooperative	e, Inc. & dro	op off at RV Lot # M.
	g below, the Guest(s) ack Op RV Rules & Regulatio		-	
Signature:	Date:			
Signature:	Date:			