ANDROSCOGGIN LAKE CAMPGROUND

RV SPACE APPLICATION

Staff Use Only:

RV Space Number: _____ *Date Application Received:* _____

Expected Arrival Date: _____ *Expected Departure Date:* _____

Applicant referred to by: ____ *Newspaper* ____ *Sign* _____ *Internet* _____ *Flyer* _____ *Other* ___

Applicant copy of: ☐ *DL* *Non-Refundable Application Fee:* $ _____

Spouse copy of: ☐ *DL* *Application Status:* ☐ *Approved* ☐ *Denied* *Per:* _____

Applicant Information:

Last: _____ *First:* _____ *Middle:* _____

Driver's License No.: _____ *State:* _____

Permanent Address: _____ *City:* _____ *Zip:* _____

Phone No.: _____ *Email:* _____

Spouse:

Last: _____ *First:* _____ *Middle:* _____

Driver's License No.: _____ *State:* _____

Permanent Address: _____ *City:* _____ *Zip:* _____

Phone No.: _____ *Email:* _____

Additional Occupants: Name all other persons who will occupy the premises: A separate application is required for all applicants 18 years or older, except spouse. Additional charges may apply.

First Name: _____ *Last:* _____ *Relationship:* _____ *Age:* _____

First Name: _____ *Last:* _____ *Relationship:* _____ *Age:* _____

First Name: _____ *Last:* _____ *Relationship:* _____ *Age:* _____

First Name: _____ *Last:* _____ *Relationship:* _____ *Age:* _____

Emergency Contact:

Relationship: _____ *Name:* _____ *Phone:* _____

Address: _____ *E-mail:* _____

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RV Information:

Year: *RV Type:* *Make/Model:* *Color:* *Length:*

# of Slide-Outs: *RV Plate #:*

Vehicles: List all vehicles, motorcycles to be parked in your RV space. Parking is limited and you may be asked to find alternate parking arrangements for certain vehicles. Additional charges may apply.

#1 *Year & Type:* *Color:* *Make & Model:* *State/License:*

#2 *Year & Type:* *Color:* *Make & Model:* *State/License:*

#3 *Year & Type:* *Color:* *Make & Model:* *State/License:*

Pets: List all pets to be kept on the premises *(dogs, cats, birds, reptiles, fish and other pets).* Additional charges and restrictions apply*:*

Type & Breed: *Name:* *Age & Color:* *Weight:*
Neutered? Yes ☐ No ☐ *Declawed?* Yes ☐ No ☐ *Rabies Shots Current?* Yes ☐ No ☐

Type & Breed: *Name:* *Age & Color:* *Weight:*
Neutered? Yes ☐ No ☐ *Declawed?* Yes ☐ No ☐ *Rabies Shots Current?* Yes ☐ No ☐

Address:

Present RV Park Name & Address:

Owner/Manager: *Phone:*

Date Moved-In *Move-Out Date:*

Reason for leaving:

Previous RV Park Name & Address:

Owner/Manager: *Phone:*

Date Moved-In *Move-Out Date:*

Reason for leaving:

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Additional Questions: If yes, please explain.

	yes	no	explanation:
a) Will Applicant maintain RV insurance?	☐	☐	
b) Has Applicant ever been evicted?	☐	☐	
c) Been asked to move out by a landlord?	☐	☐	
d) Breached a lease or rental agreement?	☐	☐	
e) Had any credit problems?	☐	☐	
f) Been convicted of a crime?	☐	☐	
g) Been sued for nonpayment of debt?	☐	☐	
h) Is any occupant a registered sex offender?	☐	☐	
i) Are there any criminal matters pending?	☐	☐	

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand this is an application to rent an RV space and does not constitute a rental or lease agreement in whole or part. If application is approved and I decide to rent a space at Acton KOA I agree to be bound by the terms of the attached agreement and by the park rules and regulations. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Applicant Signature *Date:*

Spouse Signature: *Date:*