

ATTACHMENT 2

APPLICATION FOR RECREATIONAL VEHICLE PARK CONSIDERATION

Date Received: _____

Check #: _____

Receipt #: _____

Property Owner:

Name: _____

Address: _____

Phone (Office): _____ (Cell): _____

Fax: _____ E-mail: _____

Operator:

Name: _____

Address: _____

Phone (Office): _____ (Cell): _____

Fax: _____ E-mail: _____

Name of Proposed Recreational Vehicle Park: _____

Size and Location of Original Tract: _____

Name of Nearest Public Road/Street to Subdivision: _____

Commissioner Precinct No: _____ School District(s): _____

Water Service Provider: _____

Electric Utility Provider: _____

Engineer

Name: _____

Address: _____

Phone (Office): _____ (Cell): _____

Fax: _____ E-mail: _____

Surveyor

Name: _____

Address: _____

Phone (Office): _____ (Cell): _____

Fax: _____ E-mail: _____