

Somerset Cottages & Trailer Park

APPLICANT INFORMATION REQUEST FORM

Cottage #:	Trailor Lot#:		Camping Lot#:		
Arrival Date:		Departu	Departure Date:		
Number of Applican	ts:		(#)		
Applicant Names:		;			
Primary Contact Info	ormation:				
Primary Contact Nam	ie:		10-20-		
Home #:		,			
Work #:			ť.		
Cell #:					
Fax #:					
Email:					

Additional Information (If Applicable)):		
Trailer Make / Model:			
Trailer Size:		()	
Automobile(s) Make / Model:		(parameter)	
		Participant of the Assert Control	
Boat Make / Model:		¥	
		α	
Boat Length:		¥	
Boat Beam:			
Boat Trailer Make / Model			1
Would you be interested in renting A Boat Slip?		Yes	No
Boat Slip #:			
Arrival Date:	Dep	oarture Date: _	