

CAMELOT PARK VILLAS HOMEOWNERS ASSOCIATION

P O BOX 25466 TEMPE AZ 85285

480-820-3451 OFFICE / 480-820-7441 FAX

RECREATIONAL VEHICLE STORAGE AREA OWNER/TENANT INFORMATION SHEET

NAME: _____

ADDRESS: _____ LOT # _____

CITY, STATE, ZIP: _____

HOME PHONE NUMBER _____ CELL NUMBER _____

OWNER OF UNIT (IF TENANT) _____

TYPE OF VEHICLE: _____

MAKE: _____

MODEL NUMBER: _____ SERIAL NUMBER: _____

VEHICLE LICENSE NUMBER: _____ STATE/EXP DATE _____

TYPE OF TRAILER: _____

MAKE: _____

MODEL NUMBER: _____ SERIAL NUMBER: _____

TRAILER LICENSE NUMBER: _____ STATE/EXP DATE _____

INSURANCE COMPANY: _____

I have read and understand the accompanying RV Storage Area Rules and Regulations and agree to adhere to them. I also agree to hold Camelot Park Villas, its Board of Directors and its manager harmless or any damage to my vehicle while it is located within the RV Storage Area and relieve them from any liability as a result of my use of the RV Storage Area.

Signature

Date