Lake of the Woods

3939 Swartzel Rd. Farmersville, OH 45325 937-696-7265

Rental Application

Date of Application:		Meter #:	Assigned Site:	
Applicant 1:				
First Name: M		_ Middle Initial:	Last Name:	
Home Address:	City/State/Zip:			
Email Address:		Phone #:		
DL #:	DOB:_	SSN:		
Employer:		Position:		
Employer Address:		Phone #:		
Signature/Date:				
Applicant 2:				
First Name:		_ Middle Initial:	Last Name:	
Home Address:	1 1 1 1 1	City	/State/Zip:	
Email Address:		F	Phone #:	
DL #:	DOB:_	SSN:		
Employer:		Position:		
Employer Address:	· · · · · · · · · · · · · · · · · · ·		Phone #:	
Signature/Date:				
Emergency Contact Name/phone #:				
Year/Make/Model of Camper:			Gate Card #:	
☐ Signed Liability Waive	er □ Copi	ies of DLs □ Proof of	Insurance for RV/Golf Cart	