

Riverfront Associates, LLC

9428 Baymeadows Rd. Ste. 112
Jacksonville, FL 32256

Lot #: _____ Name: _____

Phone: _____ Email: _____

Cell Phone: _____ 2nd Resident's Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Cell Phone: _____

Emergency Contact Address: _____

RV Information

Type: _____ Color: _____

VIN#: _____ Tag # / State: _____

*RV Registration must be kept current. Our operating permit is for non-permanent residence.

Vehicle #1

Type: _____ Color: _____

VIN#: _____ Tag # / State: _____

Vehicle #2

Type: _____ Color: _____

VIN#: _____ Tag # / State: _____

I have read, understand, and will comply with all Park Guidelines.

Signature: _____ Date: _____ Lot #: _____

***Please complete this form and return it to Mailbox # 13 or Lot # 13 within 5 days of arrival.**