

HOMEOWNER NAME _____ OSV ADDRESS _____

SNOWBIRDS

MUST BE COMPLETED PRIOR TO ARRIVAL

COPY OF CAR REGISTRATION AND DRIVER LICENCE

Name: _____

Home Address: _____

CITY: _____ ST: _____ ZIP: _____

CELL PHONE: _____

OSV ADDRESS: _____

ARRIVAL DATE: _____

DEPARTING DATE: _____

FIRST VEHICLE

MAKE OF CAR: _____

LICENSE PLATE NUMBER: _____

STATE: _____

SECOND VEHICLE

MAKE OF CAR: _____

LICENSE PLATE NUMBER: _____

STATE: _____

OFFICE STAFF:

STICKER # _____ BOX # _____