

14161 Holiday Rd Redding, CA 96003 Office: 530-524-4599 Fax: 530-275-1905

Email: mountaingatermgr@pacificacompanies.com Website: www.mt-gatervpark.com

Hello Monthly Applicant.

Thank you for your interest in visiting Mt Gate RV Park for an extended stay. Attached you will find a site map with prices, rental applications, rental agreements, and park rules. Please fill out the rental application and return it to us as soon as possible to allow time for approval and approval of site. Applications will be placed in a space or on the waiting list in the order the applications are received.

Thank you,

Mountain Gate RV Park

Monthly Rates: All sites are back in. Monthly sites are yellow (no longer available for 72-80)

Sites 1-7 (no longer available)

Sites: 81-94

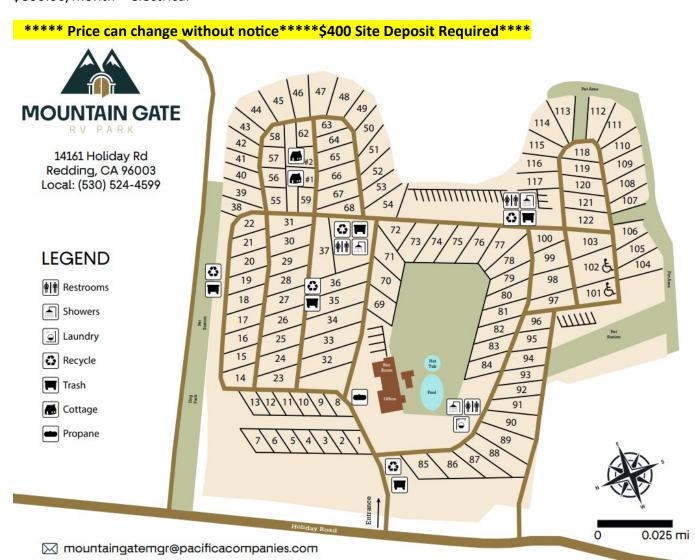
\$750.00/month +electric

Sites: 38-54

\$800.00/month + electrical

Sites, 104, 105, 106, 108, 109, 110, 111, 112, 113, 114, 115

\$800.00/month + electrical



Even act and Assistant Dates			
expected Arrival Date:	Expected Departure Date	e:	
***** Incomplete Applica	tions will not be considered- N	/ust include all doci	uments ****
No RV'S over 10 years old ***** (2) Person Maxi	mum Occupancy****		
***** We have a 6 mo	os Maximum Stay *****		
1. Applicant:	·		
	FirstAddress:	м. City	
Zip Phone No	Email	Marital Status	:
2. Additional Occupan Last	First		- Birth Date
	Address:	Cit	y State
Zip Phone No	<u>Email</u>		yState
Zip Phone No COPY OF Driver's 3. Address and Rental	EmailLicense must be attached.	Marital Status	y State:
Zip Phone No	EmailLicense must be attached. References	Marital Status. City:	y State: State: State: State:
Zip Phone No COPY OF Driver's 3. Address and Rental A. Present Address: Owner/Manager:	EmailLicense must be attached. References	Marital Status City: Phone (Required)	y State: State: State Zip:
Zip Phone No COPY OF Driver's 3. Address and Rental A. Present Address: Owner/Manager: From/To:	Email License must be attached. References	Marital Status City: Phone (Required)	yState:Zip: : Rent amount:

4. Pets (Additional restrictions apply) Please ask At Front desk. All pets must be approved by management.

INCLUDE PHOTOS & COPY OF SHOT RECORD – MUST BE ATTACHED

A. Type:	Breed:		Weight:	Age:	Name/License No
B. Type: No:			Weight:	Age:	Name/License
5. Vehicle	es: List all vehicles, m	notorcycles, 4 wheeler	rs and RV. There is	s a 2-vehicle	e max after the RV.
Additional re	estrictions apply.				
<mark>A. RV</mark> Yr.:	<mark>Length</mark> :	Make/Model:	Туре: _		State: License No
	_ RV Registered Own	ner:	Phone Num	ber:	
B. Vehicle 1	. (Included in rent) Yr.:	Make/Model:		Color:	State:
License	e No:	(only 1 vehicle	e may be parked in	front of site)
C. Vehicle 2	(additional charges fo	or 3rd vehicle, 3 Vehicle	<mark>max</mark>) Yr.: Mak	e/Model:	
Туре:	-	License No:			
**** INCLU	JDE COPY OF INSU	RANCE AND REGISTI	RATION OF RV W	VITH PHOT	OS – MUST BE
ATTACHED	****				
		· · · · · · · · · · · · · · · · · · ·			Supervisor.
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8. Emergency Contact:		
Name:	Phone No:	Relationship:
		
Agreement & Authorize	ation Signature	
criminal check to be made, verification names listed on this application not constitute a rental or lease at to rent a space at Mt Gate RV Page 1	ark, I agree to be bound by the te ations. Any questions regarding re	and communication with all on to rent an RV space and does plication is approved and I decide the of the attached agreement
	pon approval. Deposit is nonrefu	ndable if you cancel agreement
or do not give a 30 day notice to	vacate, or are asked to leave, or	stay is less than 30 days.
Applicant Signature:		Date:
Spouse Signature:		Date: