

Application for Monthly Reservations 1537 South Coast Hwy Oceanside, CA 92054

Office: (760) 439- 1376 Fax: (760) 439-1919 Paradisebythesea@cox.net www.Go-Paradise.com

**Office use only: Approved by_____ Date _

	rrivai Date/_	_/ Depar	ture Date/	_/(90 Day Limit)	
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** A DDI TGA NIEG #1 Ex	11 Nama		#2		
** APPLICANTS #1 Fu Cell:	III Naille:		#2		
Cell:	Home:	E			
# of Adults:					
Home/Billing Address How long at this addre	:	11 1	City, State, ZI	P	
How long at this addre	ess? Lai	ndlord:	Pho	one#:	
				ly Income \$	
Position:					
Business Address:				Phone #:	
** PETS: (Limit 2 per s					
Species:Bree	d:	Color:		Weight:	
Species:Bree	d:	Color:		Weight:	
*** RV/SITE INFORM	<pre>MATION: Plate #</pre>				
MH:_ 5 th Wheel:					
Name of Registered O					
Site Type Requested:	(Island:) (I	Premium:)	(Resort Back In _)(Resort Pull Thr	u)
*** VEHICLES: (Limit	t 2 per site) Driver's	License #	State	:	
Make:	Model:		Color:	Plate #:	
Makc					
Make:	Model:		_ Color:	Plate #:	
Make:	Model:			Plate #:	
Make:*** REFERENCES :	Model: (May be contacted	in case of an e	mergency)		
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