



City of Wabash

R.V. Park Registration Form

700 South Carroll Street

Wabash, Indiana 46992

Ph. (260)563-2941

Mon. - Fri. 7am - 4pm Sat. & Sun. 7am - 3pm

e-mail wwtpwabash@cinergymetro.net

Arrival Date _____

Departure Date _____

Name _____

Address _____

Home Phone _____

Make & Model of R.V. _____

R.V. License Plate _____

Make & Model of Vehicle _____

Vehicle License Plate number _____

Driver's License Number _____

State of Issue _____

Payment is due at time of check-in. Payments are non-refundable. Undersigned agrees to pay all charges and assessments due as a result of using the City of Wabash R.V. Park facilities. This includes interest at the legal rate of 8% per annum, costs of collection, and attorney fees should the undersigned fail to pay when due. The undersigned further agrees to abide by all of the rules and regulations of the Wabash City R.V. Park.

Signature _____