

SITE LOCATION # _____

CITY OF LINCOLN CENTER

153 W LINCOLN AVENUE

P O BOX 126

LINCOLN, KS 67455

www.lincolnks.org

To make application: Call 785-524-4280

Email: clerk@lincolnks.org

or Fax this form to: 785-524-3408

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE OR PROVINCE: _____ ZIP: _____

DAY PHONE: (____) _____

EMAIL: _____

RV/CAMPING UNIT

VEHICLE MAKE/MODEL: _____ VEHICLE COLOR: _____ VEHICLE LICENSE: _____

UNIT TYPE: MOTOR HOME MAKE/MODEL _____ TRAILER MAKE/MODEL _____

UNIT LENGTH (INC. TONGUE) _____ WIDTH OF UNIT _____

CHECK HERE IF SPACE IS NEEDED FOR SLIDE-OUT UNIT _____

EXTRA TRAILERS/VEHICLES (please list) _____

- **All payments are NON-REFUNDABLE.**

- Camping Fees:

- \$20.00 Per Space, Per Night
- \$125.00 Per Space, Per Week
- \$500.00 Per Space, Per Month

Night(s): Arriving _____ Departing _____

- A convenience fee of 3% of total bill will be assessed for all debit and credit card transactions.
- No Reservations are available, RV Park is first come, first serve.
- All campers are subject to campground rules and regulations as well as Municipal laws.
- All personal property remaining on the space after check out becomes the property of the City of Lincoln Center and may be disposed of by the City as necessary.

I, the undersigned, do hereby agree to pay the City of Lincoln Center, Kansas at the City Hall of said City, for RV park services beginning once the application has been filed out in its entirety and the City of Lincoln Center has received payment. Payment is due on the day of arrival to the City of Lincoln Center. I, the undersigned, do hereby understand that any payments made to the City of Lincoln Center are considered non-refundable.

Applicant's Printed Name

Applicant's Signature

Date