



308-324-2341 ♦ Fax: 308-324-4590 ♦ www.cityoflex.com
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Campground Extended Stay Application

Applicant Information:

Name: _____ Date: _____

Driver's License #: _____ Photocopy (required): _____

Extended Stay Date From: _____ Depart: _____

Recreational Vehicle Model: _____ RV Plate Number: _____

Motor Vehicle Model (if different from RV): _____

Motor Vehicle License Plate (if different from RV): _____

Reason for Extended Stay: _____

Employer Verification (Required if Extended Stay is Work Related):

Employer: _____ Phone Number: _____

Supervisor (Printed): _____ Supervisor Signature: _____

Campground Information:

Campground: _____

Owner: _____ Phone Number: _____

Lot Number of Extended Stay: _____

Signature of Applicant: _____

Signature of Park Owner: _____

Signature of City Official upon approval: _____ Date: _____