

Village of Reeves

PO Box 119

Reeves, LA. 70658

Phone: (337) 749-2000 Fax: (337) 749-2001

PERMIT APPLICATION FOR RV/CAMPER

OWNERS NAME: _____

CONTACT PHONE NO: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS RV/CAMPER WILL BE: _____

RELATION TO PROPERTY OWNER: _____

Applicant Signature

Date

Permit Will Expire on _____

(permit will not exceed 6 months)

FOR DEPARTMENT USE ONLY

PERMISSION IS HEREBY GRANTED TO PERMIT USE OF RV AS TEMPORARY DWELLING:

Approved

Rejected

Mayor or Designee Signature:

Title: