

Please fill out as legibly as possible  
\$20/person  
Cash, check, M/O or Cashier's Checks

# SOUTH PARK MOBILE HOME COMMUNITY

OFFICE 303-761-0121 FAX 303-789-2086

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
SOCIAL SECURITY \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SEX \_\_\_\_\_

I AUTHORIZE SOUTH PARK MOBILE HOME COMMUNITY TO USE THE ABOVE INFORMATION  
FOR THE SOLE PURPOSE OF OBTAINING A CREDIT REPORT AND A CRIMINAL RECORD  
SEARCH.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ALLOW UP TO FIVE (5) BUSINESS DAYS FOR PROCESSING.**