

MOBILE HOME PARK APPLICATION

**TOWN OF LYNDON
Sheboygan County, Wisconsin**

1. NAME: _____
2. ADDRESS: _____

3. TELEPHONE: _____
4. LOCATION OF MOBILE HOME PARK: _____

5. NUMBER OF MOBILE HOME LOTS: _____
6. NUMBER OF CAMPING TRAILER LOTS: _____
7. APPLICATION: NEW _____ RENEWAL _____
8. CHANGES IN NUMBER OF LOTS FROM PRIOR YEAR: _____

9. This application is for a term of one (1) year beginning July 1 and ending June 30 of each year.
10. The license fee listed on the fee schedule and made payable to the Town of Lyndon, shall be paid at the time of issuance of the license.
11. This application must be submitted to the Clerk / Treasurer's Office at the address below before June 1 of each year.

**Town of Lyndon
W8061 County Road N
Plymouth, WI 53073**

CERTIFICATE: I/We hereby certify that all of the above statements are true and correct to the best of my/our knowledge and belief.

DATE

SIGNATURE OF APPLICANT