

PLOT NO:

DATE:

KEY DEPOSIT PAID:

SITE:

CARAVAN STORAGE DETAILS

NAME	
ADDRESS AND POSTCODE	
MOBILE	
TEL: NO	
EMAIL	

CARAVAN DETAILS

MAKE	
MODEL	
YEAR	
CRIS NO	
SINGLE/ DOUBLE AXLE	
OVERALL LENGTH	
SUBJECT TO FINANCE	
COMPANY	

INSURANCE DETAILS

NAME OF INSURANCE COMPANY	
TICK IF HAPPY WITH STORAGE CONDITIONS	

STORAGE CONDITIONS WHEN NOT IN USE: PLEASE TICK

TRACKER:REF NO	
ALARM	
HITCH LOCK	
WHEEL LOCK	

UTILITY BILLS

1	
2	

DRIVING LICENCE NUMBER

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Signature:

Date:

Please note that the caravan when in storage should be stored as per policy conditions