



**City of Asotin**

Phone: 509-243-4411 PO Box 517 121 Cleveland Street Asotin WA 99402 Fax: 509-243-1223

**ASOTIN CITY PARK  
OVERNIGHT CAMP PERMIT**

**\$25.00 Per Night Water/Electricity -AMC 12.24.030  
\$10.00 Per Night w/out Water/Electricity**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Vehicle Make & Model:** \_\_\_\_\_ **Vehicle License State & Number:** \_\_\_\_\_

**Type of Unit:** \_\_\_\_\_ **Number of Occupants:** \_\_\_\_\_ **Dates of Stay:** \_\_\_\_\_ **to** \_\_\_\_\_

**Paid: \$** \_\_\_\_\_ **Space #:** \_\_\_\_\_

I agree to indemnify and hold harmless the City, its employees and agents for all liability claims arising from the stay. I agree to pay for all damages to the premise or its contents deemed excessive by the City which are incurred by the stay.

**If you have any questions please feel free to contact us at 509-243-4411 and/or e-mail address:**  
[asotin@cablone.net](mailto:asotin@cablone.net) cityofasotin.org

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**CITY OF ASOTIN  
CITY PARK OVERNITE PERMIT**

**DISPLAY IN FRONT WINDOW OF UNIT**

**SPACE #:** \_\_\_\_\_

**DATES OF STAY** \_\_\_\_\_ **to** \_\_\_\_\_

**PAID: \$** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **# OCCUPANTS** \_\_\_\_\_

**VEHICLE LICENSE NUMBER:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**UNIT TYPE:** \_\_\_\_\_