

Recreational Vehicle Park Site Rate Schedule

(Please **PRINT** all information **IN INK**)

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist RV Parks in complying with the record-keeping requirements of Section 513.111(1), Florida Statutes.

Section 513.111(1), Florida Statutes Site rates; posting; advertising, penalties. - -

In each recreational vehicle park renting by the day or week, the rates at which each site is rented must be posted in a plainly legible fashion and prominently displayed in the registration area. Such posting of rates must show the maximum amount charged for occupancy; the amount charged for extra conveniences, more complete accommodations, or additional furnishings; and the dates during the year when such charges prevail. Copies of the posted rate schedules for all similar rental sites in each recreational vehicle park must be filed with the department at least 5 days before such rates are to become effective and must be kept current. The rates posted may not exceed those rates on file with the department, and a recreational vehicle park may not charge more than the rates posted and filed with the department.

RV Park Name _____ Permit # _____

Address _____

Signature of Owner/Operator/Authorized Person _____ Date ____/____/____

Rates in Effect from ____/____/____ to ____/____/____ (the date the health department receives this form)
Month Day Year Month Day Year (is considered day 1 of 5)

1) Type of Site: _____ (self contained RV, non-self contained RV, Tent, Park Model, etc.)

| | | | | |
|-----------------|----|----------------|----|---------------|
| _____ | \$ | _____ | \$ | _____ |
| Number of Sites | | Rate Per Night | | Rate Per Week |

2) Type of Site: _____ (self contained RV, non-self contained RV, Tent, Park Model, etc.)

| | | | | |
|-----------------|----|----------------|----|---------------|
| _____ | \$ | _____ | \$ | _____ |
| Number of Sites | | Rate Per Night | | Rate Per Week |

3) Type of Site: _____ (self contained RV, non-self contained RV, Tent, Park Model, etc.)

| | | | | |
|-----------------|----|----------------|----|---------------|
| _____ | \$ | _____ | \$ | _____ |
| Number of Sites | | Rate Per Night | | Rate Per Week |

Other Site Charges Per Night:

Internet Hook-Up \$ _____ Additional Person \$ _____ CATV \$ _____

Sanitary Dump Station \$ _____ Other \$ _____ Other \$ _____

Other Site Charges Per Week:

Internet Hook-Up \$ _____ Additional Person \$ _____ CATV \$ _____

Sanitary Dump Station \$ _____ Other \$ _____ Other \$ _____

Signature of EH Official _____ Date ____/____/____

To download this form, go to <http://www.myfloridaeh.com/community/mobile/index.html> and look under "Download Files".

Return the completed form to the environmental health section of your county health department.