

City of Gallipolis  
Parks & Recreation Department  
333 Third Ave / P.O Box 339  
Gallipolis, Ohio 45631  
740-446-1789x626 / 740-441-6022  
[www.cityofgallipolis.com](http://www.cityofgallipolis.com) / [cityrec@gallipoliscity.com](mailto:cityrec@gallipoliscity.com)

**CAMPING / R.V. PARKING PERMIT APPLICATION**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Reservation Date: \_\_\_\_\_

Camper Type: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Water Hook-Up: \_\_\_\_\_ Electric Hook-Up: \_\_\_\_\_

**FEE: \$60.00 per night per Camper (Checks payable to the City of Gallipolis).**

**\*\* Maximum Three (3) Day Stay\*\***

Limitations:

- One camper permitted per space
- Must be 15 ft between campers
- Only four (4) camping spots available per night
- One utility hookup per space permitted (water and electric only).

In consideration for the use of City Facility noted herein, the undersigned agrees to hold the City harmless for any and all injuries or property damage suffered by the undersigned or his / her invitees and for any injuries or property suffered by a third party occasioned by the undersigned's use of such use of the facility. The undersigned is familiar with, and appreciates the risk of the use of the facilities noted herein and agrees to assume all risk associated with such use. If the City shall incur necessary expenses, or become obligated to pay attorney fees or court costs, the undersigned agrees to reimburse the City therefore.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of City Manager or Designee

\_\_\_\_\_  
Date

DATE FORM COMPLETED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIPT#: \_\_\_\_\_