

TOWN OF CATHARINE
PERMIT TO RESIDE IN TRAVEL TRAILER
(to be renewed monthly up to 6 months)

Effective Date: _____ **Expiration Date:** _____

Owner Name: _____

Property Owner: _____

Location of trailer: _____

Phone: _____

Signature of Applicant: _____ **Date:** _____

Fee - \$10.00 per month

Fee Paid _____ **Fee Waived** _____

Approved by: _____ **Date:** _____