



## 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 without 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: [cityclerk@cityofasotin.org](mailto:cityclerk@cityofasotin.org) or [www.cityofasotin.org](http://www.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: \_\_\_\_\_

**RV SANITATION STATION AVAILABLE AT CHIEF LOOKING GLASS PARK ON FIRST STREET**



**TRAILERS**  
HOLDING TANK DISPOSAL  
INSTRUCTIONS  
CONNECT YOUR HOSE TO  
HOLDING TANK. PLACE END  
SECURELY IN DRAIN HATCH  
WHILE HOLDING COVER OPEN  
WITH FOOT. OPEN TRAILER  
WASTE VALVE.  
FLUSH AWAY ANY SPILLAGE  
ON CONCRETE, INTO DRAIN

**PLEASE FLUSH  
CEMENT SLAB  
AFTER DUMPING**

**DANGER  
SAFE WATER**  
CONNECT THIS HOSE  
TO  
HOLDING TANK  
WASTE VALVE  
RECEPTOR