

**City of Taylorville, Lake Department**  
**Application for Overnight Campin**  
**101 Sweeney Drive, Taylorville IL 62**  
**Phone (217) 824-5606 Fax (217) 824-5**

**Campsites may ONLY be rented to persons Twenty-one years of age**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zi \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Drivers License # \_\_\_\_\_ License Plate \_\_\_\_\_

**Check-in 2:00pm – Check-out 11:00am**

1<sup>st</sup> Choice Arrival Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Departure \_\_\_\_\_ / \_\_\_\_\_

2<sup>nd</sup> Choice Arrival Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Departure \_\_\_\_\_ / \_\_\_\_\_