

MARION COUNTY FAIRGROUNDS
2018-2019 STORAGE REGISTRATION FORM

NAME _____ NEW _____ RETURNING _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ E-MAIL _____

STORAGE ITEM DESCRIPTION: FILL IN INFORMATION ON ITEM TO BE STORED

(Check One)
_____ Boat Year _____ Make _____
_____ Car Model _____
_____ Motorhome Overall Length _____ (from tip of trailer hitch to end of engine/propeller/swim deck, etc.)
_____ Travel Trailer Height: _____ (incl. overhead structures if not folded down)
_____ Other License Plate # on Item _____

Requested Storage Area: A B (Circle One)
Inside/Concrete Floor Outside

Return this form, your deposit, and your proof of insurance to: Marion County Fairgrounds
P.O. Box 39225
Indianapolis, IN 46239

OFFICE USE ONLY	
Check # _____	Amount _____ Date Received _____ By _____
Insurance Declaration Page _____	

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