



SUNNYVIEW WINTER STORAGE APPLICATION

2024-25 Season | Nov. 15 – Apr. 15

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Vehicle/Trailer Info

Type of Property to be Stored: _____

Make: _____ Model: _____

Color: _____ License Plate # (if applicable): _____

Length: _____ Width: _____

Storage Dates

Delivery Date: _____ Removal Date: _____

Total Months (storage fees are not prorated): _____

I certify with my signature that to the best of my knowledge the information and statements on this application are true and correct. Any person who knowingly makes a false statement on an application may be punished by revocation of storage privileges, in addition to forfeiture of fees paid in association with said storage.

Applicant Signature: _____ **Date:** _____

Email completed application to:
rhelms@winnebagocountywi.gov.

Winnebago County Parks Department | 625 E. County Road Y, Suite 500 | Oshkosh, WI 54901

Questions? Contact Rick Helms at 920-232-1942