

ORANGE BLOSSOM KOA

3800 W. Orange Blossom Trl.  
Apopka, FL 32712

AUTHORIZATION FOR BACKGROUND CHECK

Name: \_\_\_\_\_

Legal  
Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I understand that I will be required to have a background check to be an extended stay guest at Orange Blossom KOA. I certify that my answers are true and complete to the best of my knowledge. The cost of this background check is \$20.00 per person.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_