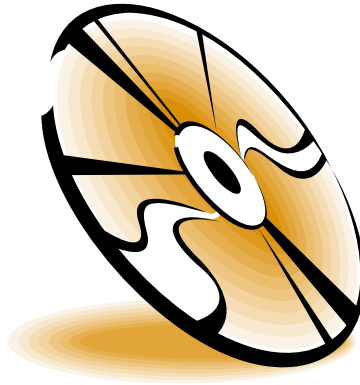


# MOBILE HOME PARK LISTING



A listing produced for the Bureau of Community Environmental Health  
Florida Department of Health

The following are the fees for the Mobile Home/Recreational Vehicle Park Listing

**\$60.00 (per each CD)**

FID# 59-3502843

Check/Money Order  
Payable To:

**Florida Department of Health**

Mail To:

**David B. Wolfe, R.S.  
Florida Department of Health  
Bureau of Community Environmental Health  
4052 Bald Cypress Way – BIN A08  
Tallahassee, FL 32399-1710**

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**Enclosed is \$ \_\_\_\_\_ for one copy of the Mobile Home/RV Park Listing**

NAME \_\_\_\_\_

ADDRESS/PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

