



Village of Marvin  
Radar Trailer  
Request Form

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

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

Phone: \_\_\_\_\_

Radar Trailer Placement Request Location: *(Street, Intersection, Address)*  
\_\_\_\_\_

Subdivision: *(If Applicable)* \_\_\_\_\_

HOA Contact Name and Phone Number: \_\_\_\_\_

Reason for Radar Trailer Request: \_\_\_\_\_

Is there access to a 120V if an extension cord is provided? \_\_\_\_\_

**Please Note:**

*The trailer area will be placed in an area that ensures that traffic will not be impeded. This may result in the placement in an area next to the street or on the side-walk.*

**Please fax or email this form to:** Deputy Tommy Gallis  
Deputy Ed Swan  
Village of Marvin  
Email: [tommy.gallis@unioncountync.gov](mailto:tommy.gallis@unioncountync.gov)  
Email: [ed.swan@unioncountync.gov](mailto:ed.swan@unioncountync.gov)  
Fax: 704-843-1680

Office Use Only:  
Date Rec'd: \_\_\_\_\_  
Time Rec'd: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_