



Customer Information Sheet

Tenant Name

Mailing Address City State Zip

Physical Address City State Zip

Driver's License # Issuing State Expiration Date

E-Mail Home Phone Cell Phone

In Case of Emergency:

Contact Person Relationship Phone

Physical Address City State Zip

Primary Purpose of Unit If "other" describe here:

For commercial tenants , please complete the following:

Business Name Type of Business

Business Address City State Zip

Phone Fax E-Mail Website

Name of President/CEO/Member/Owner Title

Responsible Party Title

Items to be stored: Household Vehicle Hobby/Crafts Supplies/Inventory Other/Miscellaneous

If storing a vehicle/RV/boat/trailer, please fill out the following information and supply your current registration and insurance:

Type of Vehicle Make Model Year Color

Registered Owner VIN or ID Number

How did you hear about us? If you were referred, whom may we thank?

Signature _____

Date _____

Unit #