

Tenant Information – Photo ID Required

ALL INFORMATION MUST BE COMPLETED

NAME: _____

BUSINESS NAME (if applicable): _____

PRIMARY PHONE# _____ CELL PHONE# (if different) _____

E-Mail: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER LICENSE/ID # _____ STATE: _____ EXP. DATE: _____

ALTERNATE CONTACT

NAME: _____

ADDRESS (if different): _____ CITY: _____

STATE: _____ ZIP: _____ PHONE# (must be different from tenant): _____

Initial all

_____ **I understand that it is my responsibility to have my stored contents insured.**

_____ **I have received/reviewed a copy of Storage Tips to help me prepare for storage.**

_____ **I understand that rent is pro-rated for the move-in month but NOT for the move-out month.**

Signature of person completing form: _____ Date: _____

ALL INFORMATION MUST BE COMPLETED