

OCCUPANT INFORMATION SHEET

(This document becomes part of Occupant Lease Agreement)

ALL SAFE mini storage
101 Grant Road, Sequim, WA 98382
(360)-683-6646 / FAX 360-681-2070
info@allsafe-storage.com

Occupant's Name: _____
Copy of Driver's License or other Photo ID required

Mailing Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Home Phone # (____) _____ Cell Phone # (____) _____

Email Address: _____

Employer: _____ Work Phone # (____) _____

Additional Authorized Person: (We are allowed to give them access code if they request)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Alternate Contact

Please provide the name and address of an individual that will know your location in case of an emergency. This will also be used for Preliminary Lien Notice and subsequent notices that may be sent, if necessary.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone # (____) _____

YOU ARE REQUIRED TO DISCLOSE ANY LIENHOLDERS OR SECURED PARTIES WHO HAVE AN INTEREST IN THE PROPERTY THAT IS OR WILL BE STORED IN THE THIS STORAGE FACILITY. IF NONE, WRITE NONE AND INITIAL.

Lienholder or Secured Party: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

UNIT INFORMATION

Unit # _____

Unit Rent Per Month: \$ _____
The rent is due on the first day of each month.

Gate Code: _____ *

Reference: (check one)

- | | |
|--|---|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Drive By |
| <input type="checkbox"/> Pen. Daily News | <input type="checkbox"/> Gazette |
| <input type="checkbox"/> Referral, Prev Occupant | <input type="checkbox"/> Internet/Website |
| <input type="checkbox"/> Other: _____ | |

Approx move out date: ____ / ____ / ____

Type of Items to be stored: () Household () Business Records () Business Inventory () Vehicle * () Other
*** Need to fill out Vehicle addendum.**

Signature

Date