

OCCUPANT INFORMATION SHEET

This document becomes part of Occupant Lease Agreement
Copy of Driver's License or other Photo ID required

PLEASE PRINT

Occupant Information:

Name: _____

Mailing Address: _____

City: _____ State: ____ ZIP: _____

Street Address: _____

City: _____ State: ____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____

Additional Authorized Person: (i.e. We are authorized to provide an access code if requested).

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Alternate Contact: (Cannot reside at same address as Occupant)

Please provide the name and address of another person to whom the facility can send updated information, notices, or other correspondence (If none, write "none").

Name: _____ Relationship: _____

Address: _____

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

Disclose Lienholders:

Please provide the name and address of any lienholders or secured parties who have an interest in any of the property stored or to be stored (If none, write "none").

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

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

How did you hear about us: (Please check one)

- Dex Red Book Local Pages Yellow Pages
- Drive-By Gazette Peninsula Daily News Valpak
- Referral _____
- Previous Occupant Current Occupant Coupon/Promotion
- Internet Website E-Move U-Haul
- Other: _____

Reason for Renting: (Please check one)

- Moving Business Vehicle* School Military
- Selling House Recreational Vehicle
- Extra Space Other: _____

Your Reason for Choosing Us: (Please check one) All the below Location Price Security Features Service

Security Hours Cleanliness Other _____

Type of Items to be stored: (Please check one) Household Business Records Business Inventory Other

Vehicle (Need to fill out Vehicle addendum)

X _____

Signature

Date

UNIT INFORMATION (For Office Use Only)

Unit # _____ Unit Rent Per Month: \$ _____ Discount _____ % _____ Gate Code: _____ *

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The rent is due on the 1st. of each month.

ALL SAFE mini storage, 101 Grant Road, Sequim, WA 98382

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