



Return Application to
aaagaffney@gmail.com

Storage Application
Please Print Clearly

Date: _____ Have you rented before? Yes No

Applicant's Name: _____ Spouse: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Work: _____

Type of goods to be stored: _____

Employer: _____ Occupation: _____

Address: _____ City/State/Zip: _____

Phone: _____

Person who can be reached if applicant is unavailable

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Work: _____

Access List (You must list at least one name other than yours)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Email Address: _____

How did you hear about this storage facility? _____

READ YOUR LEASE CAREFULLY. THE OWNER IS NOT RESPONSIBLE TO THE OCCUPANT OR OTHERS FOR DAMAGES-LOSS-OR INJURY TO PROPERTY OF PERSONS FOR ANY CAUSE WHATSOEVER. THE LEASE REQUIRES YOU TO CARRY YOUR OWN INSURANCE.

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRES BEING MADE FOR THE PURPOSE OF VERIFICATION OF ABOVE STATEMENTS. SHOULD I CHANGE MY ADDRESS OR EMPLOYER DURING THE PERIOD OF OCCUPANCY OF RENTAL OF UNIT I WILL NOTIFY YOU OF SUCH A CHANGE.

SIGNATURE

DATE