

**CUSTOMER INFORMATION SHEET  
FOR MINI STORAGE RENTAL**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Social Security# \_\_\_\_\_  
Drivers License# \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

List all people that you want to have access to your unit

\_\_\_\_\_  
\_\_\_\_\_

Do you have insurance for your goods in storage? Yes or No  
How long will you need your good in storage? \_\_\_\_\_  
How did you hear of us? \_\_\_\_\_ Referral \_\_\_\_\_ Yellow Pages  
\_\_\_\_\_ Drive-by \_\_\_\_\_ Other

Are you aware that it is a violation of the law to store hazardous waste and certain chemicals in a storage unit? Yes or No

Will you need a lock? Yes or No (we have them for sale)

What is the state registration and tag number of your vehicle? \_\_\_\_\_

Alternate Person Information:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_

If alternate information is refused occupant sign here: \_\_\_\_\_