



Customer Intake & Liability Form

SHEPHERDS GATE STORAGE LIMITED

CUSTOMER INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City / Province / Postal Code: _____

STORAGE UNIT INFORMATION

Unit / Space Number: _____

Start Date: _____

Monthly Rate: _____

Payment Due Date: _____

Payment Method: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

CUSTOMER ACKNOWLEDGEMENTS

- ☐ I have received, read, and agree to the Shepherds Gate Storage Limited Liability Waiver, Release of Claims & Assumption of Risk Agreement.
- ☐ I understand the 90-day abandonment and lien provisions contained in the agreement.
- ☐ I understand the outdoor storage, winter conditions, vehicle access, pest, video surveillance, and limited security provisions.
- ☐ I understand Shepherds Gate Storage Limited does not insure my stored property and that I am responsible for obtaining my own insurance.
- ☐ I understand that I am responsible for properly securing my storage unit or storage space.

Customer Signature: _____ Date: _____

Business Representative: _____ Date: _____