

Maple City Mini-Storage
519-436-1400

Customer Information

Date _____

Name _____

Storage size and date requested _____

Address _____

City _____

Postal Code _____

Telephone _____

Cellular _____

Preferred method of contact Phone Text Email

Email _____

(Due invoices will be sent to this email)

Driver's License _____

Employer _____

Telephone _____

Friend or Relative *(emergency contact)* _____

Telephone _____

I have attached a copy of my driver's license and submitted a \$50 deposit

Signature _____

Outdoor Storage Only:

Make/Model _____

Plate No. _____