

SELF-STORAGE AGREEMENT

Please provide valid driver's license to Office Attendant prior to completing this form.

This agreement is entered into	between	[Occupant] and	
[Оре	rator]. Each Occupant i	s jointly severally liable for	the payment of rent

and performance of all other terms of this Agreement.

Occupant shall rent:

- Airtight Storage Container General Contents Stored: ____
- Outdoor Storage
 Are you storing a titled vehicle, boat, trailer, or equipment?
 Yes
 No
 If yes, please provide copy of title to Office Attendant

Occupant shall pay Operator monthly rent due on the first of each month.

Occupants contact information:

Full Legal Name:	
Mailing Address:	
Social Security Number:	
Driver's License Number:	
Email Address:	
Phone Number:	
*monthly invoice will be sent to email provided	

Operator is authorized to contact the Alternate about Occupant's rental in case of emergency or if Occupant cannot be reached but will not provide access to the Alternate.

Alternates contact information:

Full Legal Name: _	
Mailing Address:	
Email Address:	
Phone Number:	

BY SIGNING BELOW, OCCUPANT ACKNOWLEDGES THAT HE/SHE HAS READ OR BEEN GIVEN AN OPPORTUNITY TO READ, THIS AGREEMENT AND DISCLOSURES PRIOR TO SIGNING. OCCUPANT ACKNOWLEDGES THIS SELF STORAGE AGREEMENT IS A BINDING CONTRACT. OCCUPANT HAS THE RIGHT TO CONSULT AN ATTORNEY PRIOR TO SIGNING THIS AGREEMENT IF THE TERMS ARE UNCLEAR TO OCCUPANT.

Occupant Signature

Occupant Printed Name

Operator Signature

Operator Printed Name

Date

Date

FOR OFFICE USE ONLY

Effective Date

Monthly Rent

Approved By