

INFROMATION SHEET FOR STORAGE SHED AGREEMENT

STORAGE UNIT
DS _____ - _____

NAME _____ Acct: _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

ALTERNATE ADDRESS WHERE NOTICE MAY BE SENT OR DELIVERED

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

LOCAL OR ALTERATIVE CONTACT

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

This information sheet is used by the City to help assure that you receive proper billings and all required statutory notices. Therefore, please fill out this information sheet as accurately as you possibly can.