

Self-Storage Intake Application

Facility Name: Cascade Self Storage – 2450 NW Vine St – Grants Pass, OR 97526 – (541) 507-1960

Occupant Information – Yellow Spaces Must Be Completed

Name:		Known As:
Date of Birth:	SSN:	Home Phone:
Driver's License Number:	State:	Cell Phone:
Email Address:		
Street Address:		
City:	State:	ZIP Code:
Mailing Address: (if different than street address)		
City:	State:	ZIP Code:
Employment status: Employed / Unemployed / Retired		
Employer Information (if employed):		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	Work Phone:	Ext:

Gate Code: 7 numbers _ _ _ _ _ _ _ #

Gate codes must be 7 numbers – May not start with “0”

Cannot be all the same, sequential or a pattern of numbers such as 5555555, 1234567 or 1122333

Beneficiary Information – Must Complete All Fields if Someone Is Listed

The beneficiary is the individual the Occupant wishes the contents of the unit go to in the event of the Occupant's death. This person must appear in person with their photo ID, present a copy of the death certificate and paperwork showing rights to the unit. Cascade Self Storage shall not be responsible for determining who has the right to be granted access. Only the courts or the Owner's Will can determine the rightful beneficiary. Cascade Self Storage will not and cannot be involved in or responsible for the division of any property stored within the self-storage unit in the event of the Occupant's death.

Name:		Known As:
Date of Birth:	SSN:	Home Phone:
Driver's License Number:	State:	Cell Phone:
Email Address:		
Street Address:		
City:	State:	ZIP Code
Mailing Address:		
City:	State:	ZIP Code
Relationship to the Occupant:		

I understand the information contained on this intake application will be used to complete my rental agreement and will become part of the rental agreement once signed.

Signature of Occupant: _____ Date: _____

Reverification:

Signature of Occupant: _____ Date: _____

Signature of Occupant: _____ Date: _____