Self Storage Intake Application

| First Name | Middle Initial | Last Name |
|---|--|---|
| Address | | |
| City | | Postal Code |
| Company Name (if applicable) | | |
| Phone | Mobile or Landline | (please circle one) |
| Mobile | Secondary | |
| Email | | |
| Gate Code (7 digits) | (may no | t start with "0", all the same, sequential, or a pattern) |
| Driver's License | License State | |
| SSN(last 4 are written on application) Date of Birth(| | full social security number into the computer yourself if only |
| Will you be using the storage space for | | storage? |
| The second was seen ago opened to | | |
| | Alternate Con | tact |
| First Name | | Last Name |
| Address | | |
| City | | Postal Code |
| Phone | | |
| Email | | , |
| Relationship | | |
| I understand the information contained agreement for services provided by Ca Storage at the time of the account esta providing the information above in orde information may be used for the purpos | on this Intake Application will scade Self Storage. I underst blishment and rental agreement to allow Cascade Self Storage of verification of authority to website and our Cascade Self Storage Self Storage Self Verification of Self Storage Self Verification of Self Verification Self Verif | I be used to establish my account and rental stand the information collected by Cascade Self ent completion is never sold. I understand I am age to provide service to me on my behalf. The for account purposes and authority to enter protected elf Storage app. I understand this Intake Application w |
| Signature of Occupant | | Date |
| Reverification of Information: - OFFICE | USE ONLY | |
| Signature of Occupant | | Date |
| Signature of Occupant | | |
| Signature of Occupant | | |