

Self-Storage Intake Application

Facility Name: Southern Pavilion Casa Grande – 847 N Colorado St – Casa Grande, AZ 85122 – (520) 431-5465

Occupant Information

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 a minimum of 7 numbers
Cannot be sequential numbers such as 1234567 or 1122334

Beneficiary Information – Must Complete All Fields if Someone Is Listed

The beneficiary is the individual the Occupant wishes the contents of the unit to go to in the event of the Occupant's death. This person must appear in person with their photo ID and present a copy of the death certificate prior to being allowed access. Southern Pavilion Casa Grande shall not be responsible for determining beneficiaries when one is not specified. Southern Pavilion Casa Grande 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: _____