

TENANT INFORMATION SHEET

Please complete fully and legibly in black ink. Do not leave any blanks - write "none" if question does not apply to you.

Occupant Information:

Name: _____ (ONLY ONE NAME PER LEASE)
(print full name as it appears on your Driver's License)

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone _____ Email: _____

Driver's License: _____ State: _____ SSN: _____

Alternate Person:

Name: _____ (ONLY ONE NAME PER LEASE)

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone _____ Email: _____

What is your relationship to the Alternate? _____

Occupant's

Employer: _____ Address: _____ Phone: _____

(Please check the appropriate answer. Thank you!)

- 1. How did you become acquainted with our facility?
Sparefoot, Referred By A Friend, Driving By, Google, Local Book, Verizon, Craigs List, Other:
Referral: Tenant Name _____

- 2. Did you call other storage facilities?
Yes, approximately how many? _____ No _____

- 3. Have you used self storage before? Yes _____ No _____

- 4. Approximately how far do you live or how far is your business from our facility?
Less Than 2 Miles, More Than 10 Miles, 3 - 5 Miles, Outside Country, 5 - 10 Miles, Outside State

- 5. What will you be storing with us?
Boat/Boat Equipment, Business Inventory, Business Records, Car/Vehicle, Furniture/Boxes, Motorcycle, RV, Other: _____

- 6. What is your reason for storing:
Business Needs, Excess Stuff, Marriage/Divorce, Moving, Renovating, Other

- 7. Why did you choose our facility?
Advertising, Gate Hours, Location, Management, Price, Special Offer, Other: _____

- 8. Approximately how long do you plan on renting at our facility?
1 Month, 6 - 12 Months, 2 - 4 Months, 1 Year or Longer, 4 - 6 Months, Don't Know

Thank you! We hope you enjoy your stay at our facility.

Date _____ Occupant Signature _____ Facility: Roundup Self Storage
Tenant Information Sheet 052914mlh

RETURN A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM