

# **RENTAL PAPERWORK AND FORMS**

The sample forms are for informational purposes only and not for the purpose of providing legal advice. You should contact your own attorney to obtain legal advice with respect to these forms and any particular issue or problem therewith.

**FACILITY NAME  
ADDRESS  
CITY, STATE ZIP  
PHONE#**

Unit# \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Gate Code \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Fax \_\_\_\_\_

SS# \_\_\_\_\_ Tax ID \_\_\_\_\_

Photo ID/DL# \_\_\_\_\_ State \_\_\_\_\_ Exp Yr \_\_\_\_\_

How did you hear about us:    Friend    Advertising Card    Yellow Pgs    Sign    Newspaper    Other

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**Alternate Contact Required:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

General Information: \_\_\_\_\_

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**Employer Info Required:**

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Dept \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Are you in the military?    Yes    No  
Have you rented from us before?    Yes    No  
Were you given a brochure explaining storage insurance?    Yes    No  
Were you shown how to operate lights and roll doors?    Yes    No

I certify that all information given on this sheet is true to the best of my knowledge.

Please Sign & Date \_\_\_\_\_

In case of emergency, we need your correct address and phone number on file at all times. Please notify us immediately whenever there is a change.

# Welcome to Facility Name

Address

City, State zip

Phone/Fax

After hours cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Your Management Team

### Simple Tips to Make You're Move Easier

- 1) Store most valuable items to rear of unit
- 2) Do not store combustible items, such as gas cans, propane tanks, and other items
- 3) Make an inventory of the items you store
- 4) Fill boxes to capacity to prevent tipping and collapse
- 5) Use furniture and mattress covers for protection
- 6) Seal boxes with tape
- 7) Label all boxes for easier reference
- 8) Never store food or toxic items
- 9) Always use a disk lock which you can obtain from our office at move-in

### Things to Remember

- 1) Your rent is due on the \_\_\_\_ of each month and late after the \_\_\_\_\_.
- 2) A late charge of \$\_\_\_\_\_ occurs after the \_\_\_\_ of the month and another late charge of \$\_\_\_\_\_ occurs after the \_\_\_\_\_ of the month.
- 3) Requests for repairs or emergencies should be made to the facility manager.
- 4) You can always pay your bill on our website at [www.\\_\\_\\_\\_\\_](http://www._____).

#### Office Hours

Monday-Friday

Saturday

Sunday

#### Gate Hours

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Facility Name**

Address  
City, State Zip  
Phone / Fax

**CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER**

**Notice:** A change of mailing address will not be effective unless the new address is **complete** and the notice is in **writing**, **signed**, and **dated** by Tenant and actually **received** by Facility Name.

Date Change is effective: \_\_\_\_\_

Unit #: \_\_\_\_\_

Tenant: \_\_\_\_\_

Old Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

In case of emergency, we need your correct address and phone number on file at all times. Please notify us immediately whenever there is a change.

**Facility  
Address  
Phone / Fax  
Email:**

**CREDIT CARD DEBIT AUTHORIZATION**

Name on Credit Card \_\_\_\_\_ Unit# \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Ending \_\_\_\_\_ Exp \_\_\_\_\_ CW2 \_\_\_\_\_  
(last 4 Digits)

Amount to be Charged \$ \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

- 1) I understand and agree that my payment will be processed in a "Card not present environment".
- 2) I agree to update the Operator of changes in any of the following in order to continue this service:
  - A) Expired card
  - B) Changes to credit card number
  - C) Change in expiration date
  - D) Change in card security code
  - E) Change in billing address
- 3) If Operator is unable to process my payment, I will be responsible for an alternate timely payment arrangement and any resulting processing fees.
- 4) I agree that I will be responsible for any fees resulting from any declined transactions.
- 5) I release Operator from any claims, demands, losses, or expenses (including attorneys' fees) for any damages arising from its use of my account, except for actions taken outside the permitted terms of this addendum.
- 6) I understand and agree that if the transaction is declined, said failure to pay shall constitute a default under my rental agreement and subject the contents of my storage unit to possible foreclosure and sale.
- 7) Upon written notice, this payment option may be terminated at any time by me (Occupant) or Operator.
- 8) The amount specified above is the current rental rate. Should rental rates increase, Operator is authorized to charge the new unit rate.
- 9) If you would like a receipt please provide an email address:

Email: \_\_\_\_\_.

Do not sign this agreement until you have read it and fully understand it. This agreement limits the Operator's liability in processing your credit card. If you have any questions concerning its legal effect, consult your legal advisor.

Agreed to by Operator and Occupant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Facility, Operator

Occupant

By: \_\_\_\_\_

\_\_\_\_\_

# NOTICE OF INTENT TO VACATE

I, \_\_\_\_\_ hereby give notice that I will VACATE  
my storage space # \_\_\_\_\_ at Facility Name, on \_\_\_\_\_,  
20\_\_\_\_\_.

Facility Name may assume anything left inside my storage space after above  
date is considered abandoned. I understand that, on the First day of the month, I  
owe the entire month's rent. I also understand that there are NO refunds of rent.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please help us do a better job of serving you in the future by checking the  
following that apply:

(1) My reason(s) for vacating my unit:

- a. Move to another self-storage facility
- b. Store it at my business or home
- c. Use it
- d. Take it with me, I am moving
- e. Sell it, it was inventory

f. Other \_\_\_\_\_

(2) Would you rent from us again?

- a. Yes
- b. No

Please explain \_\_\_\_\_

Please mail or drop off at:

Facility Name  
Address  
City, State Zip

Thank you, Management

FACILITY NAME  
ADDRESS  
CITY, STATE ZIP

**REQUEST FOR REFUND**

Unit # \_\_\_\_\_

Termination Date \_\_\_\_\_

Reason for Refund \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Address to send refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ Amount owed to tenant: \$ \_\_\_\_\_

Less administrative fee: \$ \_\_\_\_\_

\$ Amount to be sent to tenant: \$ \_\_\_\_\_

Date Sent \_\_\_\_\_

Check# \_\_\_\_\_

Manager Initials \_\_\_\_\_

**Facility Name**  
**Address**  
**City, State Zip**  
**Phone / Fax**

## **DECLARATION OF ABANDONMENT**

### **WAIVER AND ASSIGNMENT OF RIGHTS**

The undersigned hereby declares that he/she is the true and lawful owner of the personal property in unit # \_\_\_\_\_ which was placed for storage with Facility Name. The undersigned further declares to Facility Name that he/she has abandoned the property and hereby waives any right or claim of right therein and assigns the same to Facility Name or its order.

The undersigned hereby indemnifies and agrees to save Facility Name harmless from any liability whatsoever past, present or future occurring or arising out of the disposition of the property.

IN WITNESS THEREOF, the undersigned has made and executed this instrument on the \_\_\_\_\_ day of \_\_\_\_\_, 2013.

TENANT: \_\_\_\_\_  
Signature

AGENT FOR OWNER: \_\_\_\_\_  
Signature



Facility Name  
**PERMISSION TO CUT LOCK**

I, \_\_\_\_\_ grant Facility Name permission to cut the  
lock on unit # \_\_\_\_\_.

I am the person who signed the lease.... Yes No  
Circle one

The reason for cutting my lock is:

- \_\_\_\_\_ I lost my key
- \_\_\_\_\_ I forgot my combination
- \_\_\_\_\_ The lock does not work
- \_\_\_\_\_ I forgot my key
- \_\_\_\_\_ Other \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**OFFICE COMPLETE THIS SECTION**

ID Verification

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expire \_\_\_\_\_

Other Photo ID \_\_\_\_\_

Facility Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

**GENERAL RELEASE**

**THIS GENERAL RELEASE** (“Release”) is executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between **Facility Name**, an Arkansas corporation (“Facility Name”) and \_\_\_\_\_ (hereinafter referred to as “Releasor”).

**RECITALS:**

**WHEREAS**, Releasor has requested that Facility Name, through its agents and/or employees, accept from time to time, packages or other delivered goods (“Deliverables”) transported via United States Post Office, United Parcel Service, Federal Express and all other common couriers on behalf of Releasor and provide such common carriers access to such Releasor’s storage unit(s) at a Facility Name, storage facility; and

**WHEREAS**, Facility Name, has gratuitously agreed to accept such Deliverables and provide such access only in the ordinary course of its business and during normal Facility Name, hours of operation and only upon receipt of this Release.

**AGREEMENT**

**NOW, THEREFORE**, in consideration of the foregoing and the mutual promises set forth, and for good and valuable consideration, the receipt and sufficiency of which Facility Name and Releasor acknowledge, the parties agree as follows:

Releasor does hereby forever release and discharge for itself and its successors and assigns Facility Name and its employees, agents, officers, directors, shareholders, successors, and assigns of and from all actions, suits, debts, contracts, damages, liens, claims and demands of every kind and nature whatsoever, or threat thereof, which Releasor ever had, now has, or may have which arise out of or in any way relate to Facility Name, receipt and acceptance of any Deliverable or Facility Name providing to any common carrier access to Releasor’s storage unit(s) either prior to or following execution of this Release.

**EXECUTED** the date and year first above written.

**RELEASOR:**

**Facility Name:**

\_\_\_\_\_

**Facility Name, An Arkansas Corporation**

By:\_\_\_\_\_

By:\_\_\_\_\_

Title:\_\_\_\_\_

\_\_\_\_\_,Authorized Agent