



PERSONAL STORAGE APPLICATION

DRIVERS LICENSE / STATE ID _____

FIRST _____ LAST _____ MIDDLE INITIAL _____

Address _____ Floor/Suite/Apt. _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

ALTERNATE CONTACT

FIRST _____ LAST _____ MIDDLE INITIAL _____

Address _____ Floor/Suite/Apt. _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

X _____ Date _____
SIGNATURE OF APPLICANT - Must be the same person who signs the Occupancy Agreement.

All information is kept confidential. The Occupancy Agreement requires you to carry insurance. Samson Mini Storage LLC is not responsible to the occupants or others for damages, loss, or injury to property or persons for any cause whatsoever.