

MOORE'S LAKE MINI STORAGE
1685 South State Street, Dover, DE 19901
INFORMATION SHEET

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____ SS# (Last Four Numbers ONLY) _____

DRIVER'S LICENSE OR STATE ID# _____

EMPLOYER _____

ADDRESS _____ PHONE# _____

PERSONS AUTHORIZED ACCESS:

NAME(FRIEND/RELATIVE)IN CASE OF EMERGENCY:

ADDRESS _____

PHONE NUMBER _____

I UNDERSTAND THAT THIS SELF-STORAGE FACILITY AND/OR ITS
MANAGEMENT;

1. IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO MY PROPERTY;
2. DOES NOT PROVIDE INSURANCE FOR MY STORED PROPERTY;
3. REQUIRES THAT I PROVIDE MY OWN INSURANCE COVERAGE OR
BE UNINSURED (PERSONALLY RESPONSIBLE FOR ANY LOSS);
4. IS A COMMERCIAL BUSINESS RENTING SPACE AND IS NOT A
BAILEE OR WAREHOUSEMAN.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND
AGREE TO THE TERMS.

TENANT SIGNATURE
(PHOTO ID IS REQUIRED BEFORE RENTAL OF UNIT

DATE