



Royal Mini Storage

TENANT APPLICATION

PLEASE FILL OUT EACH LINE AND CLICK THE "SUBMIT" BUTTON AT THE BOTTOM OF THE PAGE.

NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-Mail Address: _____

STREET ADDRESS (IF DIFFERENT FROM ABOVE):

CITY: _____ STATE: _____ ZIP: _____

ALTERNATE CONTACT: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: ____ - ____ - ____ DRIVER'S LICENSE #: _____

DATE OF BIRTH: _____

OTHERS AUTHORIZED TO ENTER: _____

TYPE OF GOODS BEING STORED _____

Residential: _____ Business: _____

How long do you plan on staying? _____

How Did You Hear About Us? _____

4-DIGIT GATE CODE: _____ **BLDG NO.:** _____ **UNIT #:** _____

SUBMIT