



PARKING SPACE RENTAL APPLICATION

LEADER STORAGE

YOUR APPLICATION WILL BE REVIEWED ONCE ALL DOCUMENTS ARE SUBMITTED.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE ATTACH COPY OF YOUR DRIVERS LICENSE,
A COPY OF THE VEHICLE(S) REGISTRATION AND PROOF OF INSURANCE.

APPLICANT INFORMATION

FIRST NAME _____ LAST NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
LENGTH OF TIME AT ADDRESS: _____ MOBILE NUMBER _____
WORK/HOME PHONE _____ EMAIL _____

VEHICLE INFORMATION

MAKE _____ MODEL _____ COLOR _____
YEAR _____ PLATE NUMBER _____ TAG EXP DATE _____
IS THIS VEHICLE IN WORKING CONDITION? ____ YES ____ NO IF NO, PLEASE EXPLAIN _____

DOES THIS VEHICLE HAVE A LIEN ON IT? ____ YES ____ NO IF YES, PLEASE PROVIDE THE FINANCIAL
INSTITUTION'S NAME AND CONTACT INFORMATION _____

DO YOU INTEND TO STORE ANOTHER VEHICLE WHEN THE ABOVE VEHICLE ISN'T BEING STORED?
____ YES ____ NO IF YES, PLEASE COMPLETE THE NEXT SECTION

ADDITIONAL VEHICLE INFORMATION

MAKE _____ MODEL _____ COLOR _____
YEAR _____ PLATE NUMBER _____ TAG EXP DATE _____
IS THIS VEHICLE IN WORKING CONDITION ____ YES ____ NO IF NO, PLEASE EXPLAIN _____

DOES THIS VEHICLE HAVE A LIEN ON IT? ____ YES ____ NO IF YES, PLEASE PROVIDE THE FINANCIAL
INSTITUTION'S NAME AND CONTACT INFORMATION _____

INSURANCE INFORMATION

WILL YOU BE PROVIDING PROOF OF INSURANCE? ____ YES ____ NO IF YES, PLEASE COMPLETE THE
FOLLOWING. IF NO, PLEASE ASK ABOUT THE POLICY WE OFFER AS WE DO REQUIRE INSURANCE.

NAME OF INSURER _____ POLICY HOLDER _____
POLICY NUMBER _____ EXPIRATION DATE _____
IS THIS POLICY ENROLLED IN AUTORENEWAL? ____ YES ____ NO

ADDITIONAL INFORMATION

ONLY ONE VEHICLE PER SPACE.
NO LOOSE ITEMS MAY BE LEFT IN SPACE.
LEASEHOLDER MUST BE REGISTERED VEHICLE OWNER.
VEHICLE MAY NOT BE STORED TO EVADE LIEN HOLDER.

I CERTIFY THAT I HAVE INSURANCE THAT COVERS LOSS OR DAMAGE FOR THE STORED PROPERTY AT THIS FACILITY.
I UNDERSTAND THAT IF I DO NOT HAVE INSURANCE OR MY INSURANCE LAPSES, I AM PERSONALLY RESPONSIBLE FOR ANY LOSS OR
DAMAGE TO MY GOODS, AND THAT LEADER STORAGE IS NOT RESPONSIBLE NO MATTER HOW THE LOSS OR DAMAGE
OCCURS. ALL INFORMATION THAT I HAVE PROVIDED IS CORRECT. I AGREE TO ABIDE BY ALL FACILITY REGULATIONS.

SIGNATURE X _____ DATE _____