IPSWICH MINI STORAGE RENTAL APPLICATION

PRINTYOUR NAME		
PRINT SECOND NAME TO CON NUMBER	TACT, INCLUDING	TELEPHONE
YOUR MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CONTACT NUMBER & EMAIL A	ADDRESS	
(BUSINESS NAME, IF APPLICA	ABLE)	
(BRIEFLY DESCRIBE PROPER	TY TO BE STORED)	
(SIGNATURE)	(TODAYS DATE)	
*WE WILL NEED A COPY OF YOUR D	PRIVERS LICENSE OR 1	PHOTO ID.
HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)	YELLOW PAGES	FRIEND/RELATIVE
PRIOR TENANT LO	CAL PHONEBOOK	SIGN
OTHER		
OFFICE USE ONLY		
(UNIT SIZE) (UNIT NO.)	(MONTHLY RENT	<u> </u>