

**ISLAND-SELF STORAGE
115 POPE RD.
ST. AUGUSTINE, FL 32080**

Please Fill In Completely:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Ph: _____ **Business Ph:** _____

Please list person (friend, relative, etc.) whom may be contacted if we cannot reach you.

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Ph: _____ **Business Ph:** _____

The following is for identification purposes and to pre-approve checks:

Social Security Number: _____
Date of Birth: _____
Driver's License Number: _____

The information that I have furnished above is true:

Signature: _____ **Date:** _____

Storage Unit #: _____

Access Code if applicable: _____ **Password:** _____

Monthly Rent: _____

PAID

Rent: _____

Deposit: _____

Total Due: _____