

ZONE AREA INFORMATION

THIS SECTION TO BE FILLED OUT BY OFFICE PERSONAL:	
DATE RECEIVED: _____	RECEIVED BY: _____
ZONE: _____	APPROVAL DATE: _____

DATE: _____ ZONE: _____

I, _____ (Print Full Name), authorize _____ (Additional Customer Full Name), to have access to the storage space located at Outdoor Storage at Twin Lakes.

I understand by granting this individual access, they will be required to abide by all policies, regulations, rules and the agreement that was signed and made between the Primary Customer and Outdoor Storage at Twin Lakes. Failure to comply may result in Termination or other consequences outlined in the Agreement.

I understand that giving the Additional Customer Access, they have the right to store in my space or remove any to all items out of the Storage Space that is being occupied by me.

I have obtained the permission of the additional customer to provide their valid Government Issued ID on behalf of the additional customer, along with the submission of this form.

I understand that the additional customer is over the age of 16 years old.

PRIMARY CUSTOMER INFORMATION

Full Name:		DOB:	
Street Address:			
City:		Postal Code:	
		Province	
Home#:		Cell#:	
		Business#:	
Relationship to Additional Customer:			

ADDITIONAL CUSTOMER INFORMATION

Full Name:		DOB:	
Street Address:			
City:		Postal Code:	
		Province	
Home#:		Cell#:	
		Business#:	
ID Type:		ID #:	
		Expiry:	

 PRIMARY CUSTOMER NAME PRIMARY CUSTOMER SIGNATURE DATE

 ADDITIONAL CUSTOMER NAME ADDITIONAL CUSTOMER SIGNATURE DATE