



South Eugene Storage, LLC
 86430 Franklin Blvd.
 Eugene, OR 97405
 (541)-461-7874
 manager@southeugenestorage.com

Date _____	Space # _____
Price \$ _____	

PARKING SPACE APPLICATION

Renter's Personal information:

Name: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Driver license #: _____ Date of Birth: ____/____/____

Please choose your gate access code: _____ (minimum four digits)

I would prefer to have my monthly invoices: Mailed E-mailed

Emergency Contact person:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____

Is this person allowed access to unit and/or account information?

Circle One: **YES-** Information ONLY **YES-** Access/Ability to make changes **NO-** To be used as emergency contact only

Description of vehicle to be parked in space: _____

Is the vehicle operable? Yes No

Are there any third parties that hold a security interest or lien on the vehicle being stored?

Is anyone allowed access to space and/or account information?

Name: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Telephone Number: _____

Name: _____

Relationship: _____

Telephone Number: _____

Level of Access: _____

How did you hear about us? Qwest Dex Yellow Book Rented Before Live Close By Referral SES Website
 Craigslist Driving By Internet _____ Other _____

Are you interested in auto-billing payment method? Yes No. If yes, please fill out the Auto-pay Authorization form.

Applicant attests that information being provided is accurate and verifiable.

Renter's Signature _____

Date _____