



P.O. Box 858
Ellensburg, WA 98926

Rental Application

Phone: (509) 925-9242
Fax: (509) 925-9243
centralstorage@fairpoint.net

Occupant Information

Business Name (if applicable): _____

Name: _____
Last First Middle

Social security number: _____

Birth date: _____

Drivers License: _____
State Number

Mailing address: _____

Phone Number: _____

City State Zip code

Email address: _____

Alternate Person (for mailing notices)

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Disclose Lienholders

Please provide the name and address of any lienholders or secured parties who have an interest in the property stored or to be stored (If none write "none"):

Employer Information

Employer: _____

Contact person: _____

Employer's address: _____

Phone number: _____

Vehicle Information

Manufacturer: _____

Model: _____

Year: _____

Color: _____

License Plate: _____ State: _____

I, the undersigned, certify that all information on this application is true and correct. If accepted as an occupant, a false or willfully omitted statement will be, at the option of the owner/agent, grounds for cancellation of the rental agreement of which this document shall become a part thereof.

Signature of Applicant _____

Date _____

Please list ALL people who will have access to your storage unit. Only those listed will have access to our security gate.

Name: _____ **Phone Number:** _____

Address: _____

Name: _____ **Phone Number:** _____

Address: _____