



127 Storage Way - Dawsonville, GA 30534  
 Phone: 706-429-0156 - FAX 706-344-1410  
[www.LocknRollSelfStorage.com](http://www.LocknRollSelfStorage.com)

**RENTAL APPLICATION**

<b>Applicant Information</b>		
Name:		
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP:
Email:		
<b>Employment Information</b>		
Current Employer		How Long?
Employer Address:		
City:	State:	ZIP:
Phone:	Email:	Fax:
Military/Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO	CO:	Phone:
<b>Person(s) authorized to have Access Code and/or cut the lock</b>		
Name:		Phone:
Name:		Phone:
<b>Emergency Contact</b>		
Name of person not residing with you:		
Address:		
City:	State:	ZIP:
Relationship:	Phone:	Email:
<b>Demographics</b>		
You will be using storage space for: <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL		
You found out about us by: <input type="checkbox"/> DRIVE-BY <input type="checkbox"/> INTERNET <input type="checkbox"/> UHAUL <input type="checkbox"/> REAL YELLOW PAGES <input type="checkbox"/> LAKEVIEW PUBLISHING PHONE BOOK <input type="checkbox"/> REFERRAL FROM ANOTHER CLIENT. NAME: _____ <input type="checkbox"/> OTHER:		
<b>Auto Pay</b>		
Sign up for Auto Pay? <input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY (10% off with Quarterly Auto Pay)	

***My signature below authorizes the verification of credit and employment information as provided on this form and acknowledges that I have received a copy of this application.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date