

HIGHLAND SELF-STORAGE

P.O. Box 417
Sheridan, WY 82801
(307) 672-7575

"INFORMATION SHEET"

Date: _____ Storage Unit No. _____ Monthly Rent _____

Name: _____

Physical Address: _____

Mailing Address (if different): _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Driver License: State _____ No. _____

SSN: _____

Employer Name: _____

Employer Address: _____

Employer Phone No.: _____

SOMEONE TO CONTACT IN CASE WE ARE UNABLE TO REACH YOU **(Not living with you)**

Name: _____

Address: _____

Phone No.: _____

TO BE COMPLETED BY HIGHLAND SELF-STORAGE

Starting Month Pro-Rate Amount \$ _____

Cleaning/Security Deposit Amount \$ 35.00

Sub-Total \$ _____

Advance Payment (not required) Amount \$ _____

Payment: Cash _____ Ck No. _____ Ck Date _____ Total Pd \$ _____