

BLUE RAVINE SELF STORAGE

4000 Riley Street, Folsom, CA 95630 (916) 985-2800

OCCUPANT: Name: _____
Address: _____
 Street City State Zip
Home/Cell Phone: _____ E-Mail: _____
Social Security #: _____ - _____ - _____ Driver's License #: State: _____
Gate Access Code (5 Digits total, Must Start with 0): _____

EMPLOYER: Name _____ Phone: _____
Address: _____
 Street City State Zip

EMERGENCY CONTACT: Please provide the name, address, and phone number of an Emergency Contact person.
Name: _____ Phone: _____
Address: _____
 Street City State Zip

***ALTERNATE: (Optional)** Please provide the name, address, and phone number of another person to whom the Preliminary Lien Notice and subsequent notices may be sent. **(If none write "NONE")**
****Address must be different from Occupants***
Name: _____ Phone: _____
Address: _____
 Street City State Zip

Military Service: Are you or is your spouse on active duty military service? Yes ___ No ___

Are you renting a unit for someone other than yourself? Yes ___ No ___

***If Renting RV Storage: License Plate #: _____ Make & Model: _____**

Signature: _____ Date: _____