EMERGENCY INFORMATION SHEET

Tyler Self Sto	rage 10335 Indiana Ave, Rivers	ide, CA 92503 (951) 34	43-3500		
Unit #	Size:		Access Code:		
	If Occupant is a BUS	SINESS, please answer the	e following:		
	Sole Proprietorship Na Partnership List N Corporation List listed below on the back side	Names and Addresses of A Name and Title of Author	Il Partners on the	back side of this form. Idress if different from address	
Name:					
Address:					
City:			State	Zip	
Resident's Pho	one ()	_ Cell/Msg Phone ()_		Social Security #	
Drivers Licens	vers License #State License Issued from				
Place of Empl	oyment				
Employment A	Address			_Phone ()	
City			State	Zip	
In Case of Em	ergency and tenant cannot be re	ached, contact:			
Name			Phon	e ()	
NO	ONE BUT THE TENANT LIS	STED AS OCCUPANT	WILL HAVE AC	CESS TO THIS STORAGE UNI	i T
tenant. Copy listed below a be provided fo named, please	of Preliminary Notice and copie is Alternate. All Lien Notices are or Alternate Information, but the write "NONE" and initial The	s of all subsequent Notice e mailed certified mail to t tenant can decline to list a Alternate DOES NOT H	s regarding payme enant and alternat an individual as Al AVE access to the		to the person a place must an alternate
Name of Alter	rnate (one name)				
Alternate Add	ress				
City		State	Zip	Telephone ()	
				able Cannot be the same address	
Will a Vehicle a copy of Reg	e, Boat, Trailer, RV or any item istration or Ownership must be p	registered with any STAT provided to the office pers	E AGENCY be sto onnel BEFORE th	ored in this Unit? NO YESe vehicle may be brought on the pro	If YES, emises.
As a condition	of Rental, tenant must provide	a copy of Identification w	ith Photo ID with	a written physical description of oc	cupant.
The above info	ormation is correct and true to the	ne best of my knowledge.			
Signature				Date	

INFORMATION SHEET MUST BE COMPLETED BY EACH TENANT OR OCCUPANT OF UNIT.