

Colorado West Property Management
346 South 9th Street
Montrose, Colorado 81401
Phone: 970-249-2739

Fax: 970-252-8191
**Storage Unit
Rental Application**

Name: _____ Date: _____

Phone Number(s) where you can be contacted: _____

Applicant's Birthdate: _____ Spouse's Birthdate: _____

Applicant's Social Security Number: _____ Spouse's Social Security Number: _____

Applicant's Drivers License Number: _____ State: _____

Spouse's Drivers License Number: _____ State: _____

Two References (Local Preferred):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Current Physical Address: _____

Current Mailing Address (If different): _____

List names and phone numbers of all persons who are authorized to access the storage unit:

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Emergency Contact (Preferably a relative not living with you):

Name: _____ Relationship: _____ Phone: _____

Address: _____

Applicant authorizes Colorado West Property Management to contact references and credit agencies to verify the above information and obtain additional credit information.

Applicant's Signature

Spouse's Signature