

Desert Highlands Mini Storage
5900 Los Altos Parkway
Sparks, NV 89436
775-626-8393

Customer Sign up Form

UNIT # _____

1. Customer

First Name _____ Middle Initial _____ Last Name _____

Company Name (only if customer is a business) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email Address _____

Driver's License Number _____ Driver's Lic State _____

2. Automobile Info (For Vehicle You will drive on the property)

Make _____ Model _____ Year _____ Color _____

License Plate Number _____ State _____

3. Recreational Vehicle Info (For RV vehicles stored)

Vehicle Type (ie: Motor Home, Boat, Trailer, etc.) _____

Make _____ Year _____ License # _____ Copy of Registration _____

4. Alternate Contact (Friend or Relative NOT living with you) Relationship _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

5. Employer Information

Employer Name _____

Street Address _____

City _____ State _____ Zip _____

Work Phone _____ - _____ - _____

6. Persons Authorized for Access (in addition to Lessee)

Signature _____ Date _____ Mgmt Intitals _____