

## 40 Taylor Cutoff Road, Sequim WA 98382

## Phone (360)683-3000 Fax (360)680-1699

SequimSelfStorage.com

## Move-In Application

First Name MI	Last Name	Firs	t Name	Last Name	Phone
Mailing Address	Ар	ot. # Firs	t Name	Last Name	Phone
Physical Address (if different)		Tenan	nt Vehicle Informa	ation	
City	State Z		Make/Model	Color	Lic. #
Home Phone				Caller	
Cell Phone			Make/Model	Color	Lic. #
Name of Employer		VP	Make/Model	Color	Lic. #
Work Phone			section to be com	pleted by Staff ONLY	
Email		Blds	o· Unit #·	Size:	
Are you or your spouse/deper	ndent an active-duty				
service member?				ST: Gate Access #:	
Social Security Number				In:	
shared or sold to any other company. <b>We</b>	e are unable to rent to ye	not be ou if			
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