

**RED ROOF SELF STORAGE**  
7745 North Virginia St. Reno, NV 89506  
(775)322-3838

**RENTAL APPLICATION**

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

**ALTERNATE/SECONDARY CONTACT**

*(The name, address and phone number MUST be different from yours above)*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phones: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Would you like us to send any legal notices pertaining to past due to rent to this person? If yes, please fill out the following:

Mailing Address \_\_\_\_\_ # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

**OTHERS AUTHORIZED TO ACCESS UNIT OR SPACE**

*(The emergency person listed above does not have access to the unit unless you list them here)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

- Are you storing an automobile, motorcycle, quad, tent trailer, boat, RV or other type of vehicle?  Yes  No
- Your rent is due on the 1<sup>st</sup> of each month. Bills/Statements are not sent out by mail. How would you like your account set up?
  - I would like my credit card charged automatically each month  Yes  No
  - I would like an invoice **emailed** to me  Yes  No
  - I would like to remember on my own when my rent is due  Yes  No
- How did you hear about us?  Driving By  Yellow Pages  Google  YP.com  Craigslist  Return customer  
 Referral \_\_\_\_\_ (who?)  Other: \_\_\_\_\_

**NEVADA LAW REQUIRES STORAGE OCCUPANTS TO DISCLOSE** if any of the following Protected Property is or will be stored in the space:

- Documents, files or electronic data containing financial, medical, legal or passport information about Occupant's customers, clients or patients (except Occupant's personal records.)
- Pharmaceuticals (except those dispensed by a pharmacy for Occupant's personal use)
- Firearms  Alcoholic Beverages

**STORING PROTECTED DOCUMENTS, FILES, OR ELECTRONIC DATA**

If you are subject to mandatory licensing, registration, permitting or other professional or occupational regulation by a governmental agency, board or commission and the protected property to be stored is related to the practice of that profession or occupation by the occupant, provide written notice to that agency, board or commission stating that the occupant is storing protected property at the facility, identifying the general type of protected property being stored at the facility and providing complete contact information for the facility. The Occupant shall give the Owner a copy of any written notice provided to such an agency, board or commission.

The gate hours are from 6am to 10pm 365 days a year. Please exit the facility BEFORE 10pm to avoid being locked inside the facility. Although not anticipated, the facility may be closed without notice for wind, snow removal, mechanical failure, or other emergencies.

The above information is complete and accurate. \_\_\_\_\_  
**Signature** **Date**

**Office Use:**

Unit/Space Number \_\_\_\_\_ Gate Code: \_\_\_\_\_