

Central Storage

**301 W Umptanum Rd Ste 1  
Ellensburg, WA 98926  
Rental Application**

**Occupant Information:**

Business Name (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State Number

Mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

Email address: \_\_\_\_\_

**Alternate Person (For mailing of notices):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

**Disclose Lienholders**

Please provide the name and address of any lienholders or secured parties who have an interest in the property stored or to be stored (If none write "none"):

\_\_\_\_\_  
\_\_\_\_\_

**Employer Information:**

Employer: \_\_\_\_\_

Contact person: \_\_\_\_\_

Employer's address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

**Vehicle Information:**

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

I, the undersigned, certify that all information on this application is true and correct. If accepted as an occupant, a false or willfully omitted statement will be, at the option of the owner/agent, grounds for cancellation of the rental agreement of which this document shall become a part thereof.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please list ALL people who will have access to your storage unit. Only those listed will have access to our security gate.**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_