

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

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

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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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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Applicant's Signature

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Spouse's Signature