

Landlord Systems, Inc. dba  
**Colorado West Property Management**  
346 South 9<sup>th</sup> Street Montrose, CO 81401  
970-249-2739 (Phone) 970-252-8191 (Fax)  
[www.cwpmrents.com](http://www.cwpmrents.com)

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NOTICE  
ALL ARTICLES STORED BY A RENTAL AGREEMENT, AND CHARGES NOT HAVING BEEN PAID FOR THIRTY DAYS, WILL BE  
SOLD OR OTHERWISE DISPOSED OF TO PAY CHARGES

STORAGE UNIT RENTAL APPLICATION

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

Current Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address if Different: \_\_\_\_\_

Phone Number(s) where you can be contacted: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Applicant's Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Four Digit Gate Code: \_\_\_\_\_

Applicant's Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License # \_\_\_\_\_ Color: \_\_\_\_\_

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Two References (Local Preferred):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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List names and phone numbers of all persons who are authorized to access the storage unit:

Name	Phone
_____	_____
_____	_____
_____	_____

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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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.

\_\_\_\_\_  
Applicant's Signature