

APPLICATION FOR STORAGE LOCKER RENTAL

NAME: _____

RESIDENT OWNER OF UNIT #: _____

TENANT IN UNIT #: _____

LOCKER #: _____

MONTHLY PRICE: _____

SECURITY DEPOSIT: _____

I have read, I understand, and agree to abide by all rules and regulations governing rental and use of the Americana Towers Condominium Association storage lockers.

Signed: _____

Date: _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED IN BUILDING OFFICE: _____

DEPOSIT COLLECTED/BILLED TO ASSESSMENTS: _____

RECEIVED BY: _____

LOCKER #: _____

MONTHLY RENTAL AMOUNT: _____

ENTERED INTO SKYLINE: _____

Revised 1/27/95