

Wildhorse Self Storage Occupant Information Form

Occupant Name: _____

Emergency Contact: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Military Active _____ Retired: _____ Other: _____

SMS Texting In _____ Out _____

1. How did you hear about us? (Select One)

Current Tenant

Drive-by

Internet

2. What is Stored?

Furniture/Boxes

Boat/Boat Inventory

Vehicle

Motorcycle

Referral: _____

Previous Tenant

Phone

Other: _____

3. Distance from your home or business (Select One)

< 2 miles

> 10 miles

2 – 3 Miles

3 – 5 Miles

5 – 10 miles

Outside State

Outside Country

4. Reason for Storing (Select One)

Business Needs

Estate

Excess Stuff

Marriage/Divorce

Moving

Renovating

5. Why this Facility? (Select One)

Advertising

Cleanliness

Features

Gate Hours

Location

Management

Price

Security

Special Offer

Other _____

6. Tenant Type?

Residential or

Commercial

Apartment

Type of Business _____

Homeowner