



The Electra – Floor Storage Space Form – Lower Main Floor

Name: (print) _____ Suite #: _____

Contact Phone #: _____

Driver License # or Birth Certificate #: _____

FOB #: _____ Storage Space #: _____

SQ. FT of Rental Space: _____ Monthly Rental Amt: _____

Start of Rental Date: _____ End of Rental Date: _____

Method of Payment: _____

The Electra will not be responsible for any lost or stolen items stored in this storage area.

Signature of Renter

Date: _____

NOTES: