

A-1 SELF STORAGE

345 10TH STREET
JERSEY CITY, NJ 07302
TEL: 201-963-2201 FAX: 201-963-0982
EMAIL: INFO@A1SELFSTORAGEONLINE.COM

PERMISSION TO ENTER

Agreement made this _____ day of _____, 20____ between
A-1 Self Storage, 345 Tenth Street, Jersey City, NJ 07302 and:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ grants permission for _____

(Print Name)

(Print Name)

to enter A-1 Self Storage and to make any changes to the contract including termination of the unit. In addition to access

Unit # _____ for either (check one):

ONE TIME ONLY

DURATION OF LEASE

Tenant Signature: _____

Person granted permission: _____

A-1 Self Storage Representative: _____

Please attach a copy of photo ID of Tenant.