

ENON SELF STORAGE

Automotive, Trailer, and Watercraft Addendum

[NO VEHICLE IS ALLOWED ON THE LOT UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED]

Name on Title: *(Must match Tenant info.)* _____

Tenant Address: _____

Address on Title: Same as above or: _____

Day Time Phone #: _____ Email Address: _____

This is: Vehicle Utility Trailer Boat/Trailer RV Other: _____

Visual Description of Vehicle: _____

Noted Damages at Move in: _____

Vehicle Details:

Year: _____ Make: _____ Model: _____ Color: _____

Serial/VIN #: _____ DMV Title #: _____

Hull ID#: _____ DGIF Title #: _____

(Watercraft storage requires both valid trailer registration with DMV and current DGIF registration)

License Plate & State: _____ / _____ Expiration Date: _____

Lien Holder Info:

Lien Holder Name: _____

Contact # & Service Address: _____

Vehicle Insurance Information:

Insurance Company & Contact Information: _____

Policy #: _____ Policy Expiration Date: _____

All vehicles must remain in drivable road worthy condition with current tags and registration. Tires must remain inflated at all times to prevent asphalt damage or vehicle instability. By signing below, I give Enon Self Storage permission to determine if/when maintenance may be required to prevent damage or potential risk to the health and safety of Tenants and/or Employees. Should such maintenance request be ignored, Enon Self Storage reserves the right to initiate such maintenance at my expense. Maintenance may be done in house or by a 3rd party at Managers discretion. Such actions are only taken after attempts to contact Tenant are unsuccessful.

To the best of my knowledge, the information herein is accurate and complete. I understand that it is my responsibility to inform Enon Self Storage IMMEDIATELY should changes in ownership, mailing address, contact information or vehicle changes occur. I also understand that this addendum becomes a part of my rental agreement and as such could result in non-renewal if found in default at any time.

Signature: _____ Date: _____

Office Use Only:

Copy of title Copy of Vehicle Registration DGIF Registration Proof of Insurance Proof N/A: Covered by Tow Vehicle

Assigned Unit #: _____ Employee Verification Completed: _____ Date: _____

(INSURANCE AGENTS MAY SEND PROOF OF INSURANCE TO: INFO@ENONSELFSTORAGE.COM OR FAX 804-425-6602)