

David M. Williams

REAL ESTATE PTY LTD

ATF JUDWELL UNIT TRUST A.B.N. 85 160 204 177

149 John Street Singleton
PO Box 84 Singleton NSW 2330
Ph: 6572 1088 Fax: 6572 3393
W: www.realestatesingleton.com
E: reception@realestatesingleton.com

APPLICATION FOR STORAGE UNIT

Agent for Lessor: David M. Williams Real Estate Pty Ltd

Shed Size Required (subject to availability):

3m x 3m - \$90 / 4m x 3m - \$102 / 6m x 3m - \$130 / 6m x 3.9m - \$130 / 8m x 3m - \$160 / 12m x 3m - \$230

Storage Shed Address: Shed _____, 3-5 Foybrook Avenue, Singleton NSW 2330 or 39 Magpie Street, Singleton NSW 2330

Required From: _____

PERSONAL INFORMATION (IMPORTANT: PLEASE SUPPLY COPY OF DRIVERS LICENCE OR CURRENT ID)

Full Name: _____

Current Postal Address: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____ DOB: _____

Drivers License Number: _____ Vehicle Registration: _____

EMPLOYMENT DETAILS

Employers Name: _____

Employment Address: _____

Period of Employment: _____

OPTIONAL: SECOND PERSON ALLOWED ACCESS TO THE UNIT

Name: _____ Phone: _____

Address: _____

INSURANCE DETAILS

Name of Insurance Company: _____ Insurance Company advised on: _____

Note: Insurance of contents is the responsibility of the Storer. Storage of dangerous, illegal and/ or flammable goods and perishable foods are not allowed at these premises and should any harm or damage come to the goods being stored we will not be held at all liable.

NAME OF RELATIVE OR PERSON TO CONTACT IN EMERGENCY

Name: _____ Phone: _____

Address: _____

Description of goods to be stored: _____

A Scheduled time must be booked in advance for the signing of the Agreement.

It is acknowledged that the monthly rent will be charged until all keys are handed back to the Agent and 7 days' notice to vacate is given. **\$100 Deposit is to be paid on the lease start date along with a \$22 lease prep fee.** The refund of the \$100 deposit will not be made until the shed has been inspected and approved, rent is paid up to the vacating date and the key returned. It is a minimum of 1 months stay.

Signature of Applicant: _____ Dated: _____