

Chesapeake Mini Storage

Cut Lock Authorization Form

Date: _____ Property: _____
Unit #: _____ Time: _____ a.m./p.m.
Tenant Name: _____
Driver License #: _____ State: _____

(Be sure to make positive identification of requesting party.)

I hereby request and authorize the owner/property manager of this self storage facility to remove my lock by means of cutting or drilling from the above referenced storage space. I agree to hold harmless and defend owner/property manager from any/all liability that may arise as a result of my request to remove said lock from the latching device.

Lock Cut By: _____

Witnessed By: _____

Tenant's Signature: _____

Date: _____