

# New Market 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: \_\_\_\_\_