

Enter your information into the form, print, and bring with you to the auction!

## Safety Deposit Self Storage Auction Registration Form

Please Print

Full Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Fax Number : \_\_\_\_\_

Email : \_\_\_\_\_

Driver Lic. Number & State : \_\_\_\_\_

Are you here to bid on either your unit , family's unit or a friend's unit :

Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this auction : \_\_\_\_\_

Would You like to be contacted about Future Auctions :

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes how would you like to be contacted: \_\_\_\_\_

Attach Copy of Driver's License: