



**Facility Information:**

Please provide the Names, Addresses, and Number of Storage Units of each Storage facility owned/operated/managed by the Enrolled Company. If more space is needed, please make blank copies of this page. All facilities under Company's ownership, operation, management or control must be listed and Company represents that all are, in fact, listed.

Name, Address, and No. of Units of Facility:	Name, Address, and No. of Units of Facility:
1) Name of Facility: _____ Address: _____ Number of Storage Units: _____	6) Name of Facility: _____ Address: _____ Number of Storage Units: _____
2) Name of Facility: _____ Address: _____ Number of Storage Units: _____	7) Name of Facility: _____ Address: _____ Number of Storage Units: _____
3) Name of Facility: _____ Address: _____ Number of Storage Units: _____	8) Name of Facility: _____ Address: _____ Number of Storage Units: _____
4) Name of Facility: _____ Address: _____ Number of Storage Units: _____	9) Name of Facility: _____ Address: _____ Number of Storage Units: _____
5) Name of Facility: _____ Address: _____ Number of Storage Units: _____	10) Name of Facility: _____ Address: _____ Number of Storage Units: _____

Total no. of Self-Service Storage units operated/managed by Company at all facilities: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**CALL IF YOU HAVE ANY QUESTIONS ABOUT THE PLAN**