Manual
Appendices

Appendix B

Operations Forms

by

SkilCheck Services, Inc.

OPERATIONS FORMS LIST

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AUCTION ATTENDEE SIGN-IN SHEET

BY SIGNING BELOW as a condition of attending the self-storage auction, Auction Attendee's agree to a release of Owner's Liability for bodily injury: Owner, Owners Agents and Employees shall not be liable to Attendee for injury or death as a result of Auction Bidder or Auction Attendee's use of the storage space or the self-storage facility, even if such injury is caused by the active or passive acts or omissions or negligence of the Owner, Owner's Agents or Employees. We will also use this list to notify you of future auctions

Facility: _____ Date:_____

Print Full Name Sign Below	Address, City State Zip	Phone Number Email Address
1		
2		
3		
4		
5		
6		
7		
9		
10		

AUCTION CLAIM FORM

Date:	Space #:
Sold To (# & name):	
Bid Amount: $	Operator's Initials:
Deposit: $ Initial if Refunded:	
Sales Tax: $	Total Due: $
Total Paid: $	
Paid To:	

Manager's Signature

This claim form is your receipt of purchase.
All purchased items are sold *"as is, where is."* This storage facility does not warranty or guarantee any item purchased at this auction.

Auction deposits are returned when the space has been inspected by the manager and the space is left broom clean and all sale items are removed.

AUCTION CLAIM FORM

Date:	Space #:
Sold To (# & name):	
Bid Amount: $	Operator's Initials:
Deposit: $ Initial if Refunded:	
Sales Tax: $	Total Due: $
Total Paid: $	
Paid To:	

Manager's Signature

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Sold To (# & name):	
Bid Amount: $	Operator's Initials:
Deposit: $ Initial if Refunded:	
Sales Tax: $	Total Due: $
Total Paid: $	
Paid To:	

Manager's Signature

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Date:	Space #:
Sold To (# & name):	
Bid Amount: $	Operator's Initials:
Deposit: $ Initial if Refunded:	
Sales Tax: $	Total Due: $
Total Paid: $	
Paid To:	

Manager's Signature

This claim form is your receipt of purchase.
All purchased items are sold *"as is, where is."* This storage facility does not warranty or guarantee any item purchased at this auction.

Auction deposits are returned when the space has been inspected by the manager and the space is left broom clean and all sale items are removed.

CHANGE OF ADDRESS

If you have had a change of address or phone number, we need a correction in writing.

Name: ______________________ Storage Space: ________
New Address ______________________________
City: ____________________State: _____ Zip: ________
New Phone #: (______) ___________ Date: ____________
New Email Address: ______________________________
Tenant’s Signature: ______________________________

Please return as soon as possible. THANK YOU!

CHANGE OF ADDRESS

If you have had a change of address or phone number, we need a correction in writing.

Name: ______________________ Storage Space: ________
New Address ______________________________
City: ____________________State: _____ Zip: ________
New Phone #: (______) ___________ Date: ____________
New Email Address: ______________________________
Tenant’s Signature: ______________________________

Please return as soon as possible. THANK YOU!

CHANGE OF ADDRESS

If you have had a change of address or phone number, we need a correction in writing.

Name: ______________________ Storage Space: ________
New Address ______________________________
City: ____________________State: _____ Zip: ________
New Phone #: (______) ___________ Date: ____________
New Email Address: ______________________________
Tenant’s Signature: ______________________________

Please return as soon as possible. THANK YOU!

CHANGE OF ADDRESS

If you have had a change of address or phone number, we need a correction in writing.

Name: ______________________ Storage Space: ________
New Address ______________________________
City: ____________________State: _____ Zip: ________
New Phone #: (______) ___________ Date: ____________
New Email Address: ______________________________
Tenant’s Signature: ______________________________

Please return as soon as possible. THANK YOU!

CREDIT CARD AUTHORIZATION FORM

Space Number: _____

Tenant's Name: _____

Credit Card #: _____ Exp. Date: _____

_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

I hereby authorize _____ to charge the above referenced account
Company's Name
automatically each month, and to apply said charge towards the payment of my monthly rent for the unit number(s) stated above. Said charge authorization is to be in an amount equal to my monthly rent in effect at the time. I will also inform the "Company" of expired credit cards or other credit card number changes.

30-Day Notice

I understand that it shall remain my obligation to notify the "Company" in writing 30 days in advance of my intent to terminate my tenancy, and to pay any prorated amounts of rent that may become due thereof.

_____
Date

_____
Credit Card Holder's Signature

_____
Please Print Card Holder's Name

CREDIT CARD AUTHORIZATION FORM - NON-TENANT

Space Number: _____ Date: _____

Tenant's Name: _____

Card Holder's Name: _____

Credit Card #: _____ Exp. Date: _____

____ VISA ____ MasterCard ____ American Express: ____ Discover

I hereby authorize _____ to charge the above referenced
Company's Name

account to apply said charge towards the payment of the afore mentioned tenant's rent in the amount

of $ _____ .

_____ _____
Date Credit Card Holder's Signature

_____
Please Print Card Holder's Name

For: _____
Tenant's Name

CUSTOMER INFORMATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Home #: _____ Work #: _____

Place of Employment: _____

This section to be completed by office personnel.

Space #: _____

Lease #: _____

___VISA ___MC ___American Express ___Discover

#: _____

Expiration Date: _____

Drivers License #: _____ State: _____

Invoice Emailed: ___ Yes ___ No

Gate Code: _____

ALTERNATE CONTACT *(at address other than Lessee's)*

Name: _____

Address: _____

City, State, Zip: _____

Home #: _____ Work #: _____

PERSON(S) WITH AUTHORIZATION TO HAVE CODE OR CUT THE LOCK **PHONE NUMBER**

1. _____ _____
2. _____ _____

HOW DID YOU LEARN ABOUT US?

_____ Internet _____ Driving By _____ Realtor

_____ Direct Mailer _____ Yellow Pages _____ Friend

_____ Apartment Manager _____ Manager Contact

_____ Other: _____

WHICH FEATURE(S) MOST INFLUENCED YOUR DECISION TO CHOOSE US?

_____ Location _____ Space Size _____ Price

_____ Security _____ Appearance _____ Manager's Presentation

_____ Office/Gate Hours _____ Special

Additional services offered, in particular: _____

Customer's Signature: _____ Date: _____

DAILY SITE INSPECTION REPORT

Space Number	Vacant	Spaces Need Maintenance/Type	Need Overlock List	Remove Overlock List	Cleaning Yes / No

Date: Manager:

DAILY INCOME SUMMARY

Date: _____ Manager: _____

Facility: _____

DAILY CASH SUMMARY

Cash: _____ Number of Rentals: _____ Discounts: _____

Checks: _____ Number of Transfers: _____ Fees Waived: _____

Credit Cards: _____ Number of Vacates: _____ Admin. Fees Waived: _____

(Specify Below)

Visa/MC: _____ Am. Ex.: _____

Dis: _____ ACH: _____

DAILY SUMMARY OF INCOME

Rent (storage): _____

Reservation Deposits: _____

Late Fees: _____

Admin Fees: _____

Merchandise: _____

Tax: _____

Insurance/Protection: _____

Other: _____

TOTAL DEPOSIT: [ ]

Refunds: _____

NSF Checks: _____

Reversals: _____

NET INCOME: [ ]

Attach Signed Credit Voucher slips here

Deposit made by: _____ Date: _____

Cash Drawer Count: ____ Correct ____ Over ____ Under

Explain if incorrect: _____

_____

KEEP A COPY ON-SITE **SEND A COPY TO SUPERVISOR/OWNER**

Delivery Acceptance Log

Facility: ____ Page No: ____________

Date In	Space #	Box Crtl #	Carrier	Date Out	Signature

EQUIPMENT TRACKING FORM

Date: _____ Facility: _____

Type: (Check one) _____ New Purchase _____ Transfer _____ Disposal _____ Sold

DESCRIPTION OF EQUIPMENT:

Make: _____

Model: _____ Color: _____ Serial Number: _____

Purchase Price: _____ Purchase Date: _____

Purchased From: _____ Phone #: _____

DISPOSITION OF EQUIPMENT: (If transferred, disposed or sold)

Date: _____

Transferred to: _____

Sold to: _____ Amount of Sale: _____

Disposed (Where?): _____

Notes:

1. This form is to be used to document the purchase, sale, transfer or disposal of all company equipment valued with an original cost of $10 or greater.
2. All company equipment should be marked with the facility name, _____, or the initials _____, painted, inscribed or stamped thereon.
3. This form should be forwarded to the supervisor/owner.
4. Please attach a copy of the original sales invoice or receipt to this form.

Manager's Signature: _____ Date: _____

FACILITY EVALUATION FORM

Facility:	Date:	Reviewed By:

	Rating (Check One)					*Comments*
OFFICE	**5**	**4**	**3**	**2**	**1**	
Lighting						
Counter Tops Clean						
Walls Fresh and Look Clean						
Signage Professional and Positive						
Floors Clean						
Neat and Orderly Work Area						
Windows Clean						
Smells Fresh						
Brochures Displayed Professionally						
Doors						
Computer						
Other:						
MERCHANDISE SUPPLY	**5**	**4**	**3**	**2**	**1**	
Well Stocked Sales Items						
Each Item Priced or Price On Item						
Boxes Displayed and Stocked						
RESTROOMS	**5**	**4**	**3**	**2**	**1**	
Fixtures Clean						
Toilet Clean						
Towels / Supplies Well Stocked						
Smells Fresh						
Floor Clean						
LANDSCAPING	**5**	**4**	**3**	**2**	**1**	
Curb Appeal Attractive						
Clean and Free of Debris						
Plants Neat and Trimmed						
Attractive Looking Entrance						
OPERATIONS	**5**	**4**	**3**	**2**	**1**	
Company Forms Stocked						
Daily Vacancy Report Printed						
Uniforms Neat and Clean						
Reports Completed and Organized						
Manuals Labeled and In Office						
Safety						

5 = Outstanding 4 = Above Average 3 = Good 2 = Fair 1 = Needs Improvement

GATE INSTRUCTION CARDS

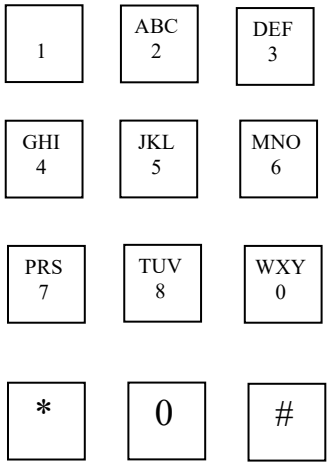
Direction For Operating Gate

3. Press **RED** Button

2. Enter Your Code Number

3. Press **GREEN** Button

4. Your Code is: _____



Always enter your code, this will also deactivate your door alarm.

(For use if your keypad provider does not supply a template)

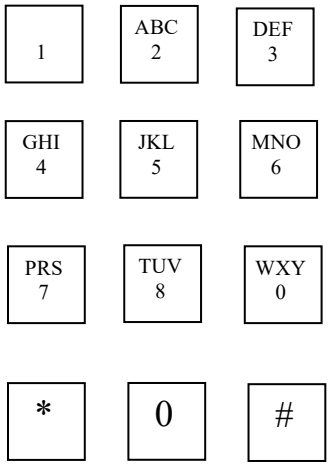
Direction For Operating Gate

1. Press * Button

2. Enter Your Code Number

3. Press # Button

4. Your Code is: _____



Always enter your code, this will also deactivate your door alarm.

HEALTH & SAFETY INSPECTION FORM

Date: _____ Facility: _____ Inspector: _____

Provide detailed information on observed hazards and unsafe acts or procedures.

Item #	Priority Level *	Unsafe Conditions/ Procedures/Behaviors	Corrective Action	Completion Date	Manager's Initials

***Note:** All hazardous situations should be corrected as soon as possible. The priority system is a suggested guideline to correct the most serious situations first.

Hazard priority is as follows:

1 - Serious (Correct immediately)

2 - Moderate (Correct as soon as possible)

3 - Minor (Correct as soon as practical)

From:

Date:

To:

INFERIOR LOCK NOTICE

Dear Valued Customer:

During a recent lock/security inspection, we discovered that your Space #: _____ was locked with an inferior lock that does not provide effective security for your stored property. In addition to your lock, we placed a company over-lock on your space for added protection of your stored items. At your earliest convenience, please replace your inferior lock.

For your convenience, we offer high security locks for sale in the office. Please feel free to call our office if you have any questions regarding this matter.

Sincerely,

Facility Manager

INVENTORY OF AUCTION ITEMS

General Inventory of Space #: _____ Tenant Name: _____

Facility: _____ Date: _____ Time: _____

Major Appliances:
_____ Refrigerator
_____ Freezer
_____ Stove
_____ Washer
_____ Dryer

Dining Room:
_____ Table
_____ Chairs
_____ China Cabinet
_____ Buffet
_____ Desk
_____ Other:
_____ Other:

Living Room:
_____ Sofa
_____ Love Seat
_____ Arm Chair
_____ Rocker
_____ Coffee Table
_____ End Table
_____ Television
_____ Stereo
_____ Stereo Speakers
_____ Pictures
_____ Lamps
_____ Fan
_____ Vacuum
_____ Other:

Bedroom: Headboard Mattress Spring
King/Queen _____ _____ _____ _____
Full _____ _____ _____ _____
Twin _____ _____ _____ _____
_____ Bunk Beds _____ Crib
_____ Night Table _____ Dresser
_____ Chest of Drawers

Miscellaneous Items:
_____ Lawn Mower
_____ Bike
_____ Tool Box
_____ _____
_____ _____

_____
Manager's Name Date

INVENTORY OF AUCTION ITEMS

General Inventory of Space #: _____ Tenant Name: _____

Facility: _____ Date: _____ Time: _____

Major Appliances:
_____ Refrigerator
_____ Freezer
_____ Stove
_____ Washer
_____ Dryer

Dining Room:
_____ Table
_____ Chairs
_____ China Cabinet
_____ Buffet
_____ Desk
_____ Other:
_____ Other:

Living Room:
_____ Sofa
_____ Love Seat
_____ Arm Chair
_____ Rocker
_____ Coffee Table
_____ End Table
_____ Television
_____ Stereo
_____ Stereo Speakers
_____ Pictures
_____ Lamps
_____ Fan
_____ Vacuum
_____ Other:

Bedroom: Headboard Mattress Spring
King/Queen _____ _____ _____ _____
Full _____ _____ _____ _____
Twin _____ _____ _____ _____
_____ Bunk Beds _____ Crib
_____ Night Table _____ Dresser
_____ Chest of Drawers

Miscellaneous Items:
_____ Lawn Mower
_____ Bike
_____ Tool Box
_____ _____
_____ _____

_____
Manager's Name Date

INVENTORY OF GOODS

Facility: _____ Space #:_____

Tenant: _____ Page _____ of _____

Qty.	Item Description (Print)	Qty.	Item Description (Print)

Inventoried By: _____ Seal #: _____

Witnessed By: _____ Date: _____

LOCK CUTTING AUTHORIZATION

Date: _____ Facility: _____

Space #: _____ Time: _____ a.m. / p.m.

Tenant's Name: _____

Driver's License #: _____ State: _____

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

I hereby request and authorize the owner / 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 / 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: _____

Customer's signature: _____

LOCK CUTTING AUTHORIZATION

Date: _____ Facility: _____

Space #: _____ Time: _____ a.m. / p.m.

Tenant's Name: _____

Driver's License #: _____ State: _____

I hereby request and authorize the owner / 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 / 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: _____

Customer's signature: _____

MAINTENANCE LOG

Facility: _____ Page #: _____

#	Problem / Solution	(Date) Found / (Date) Completed	Approximate Cost	Cause: Act of God, Vandalism, Damage / Failure	Contact Information: Company / Date / Person / Telephone #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

MERCHANDISE INVENTORY FORM

Facility: _____ Date: _____

Description	Beginning Inventory	New Purchases	Sold Inventory	Ending Inventory
Book Box				
Small Box				
Medium Box				
Large Box				
X-Large Box				
Record Box				
24" Wardrobe				
24" Hanger Bar				
Plastic Tape				
Twin Mattress Bag				
Full / Double Mattress Bag				
Queen Mattress Bag				
King Top Mattress Bag				
Bagged Chair Cover				
Bagged Sofa / Couch Cover				
Packing Paper				
Locks – Disk				
Locks – 2 Pack Disk				
Locks – Cylinder				
Rope				
Packing Roll				
Wrap – Small				
Wrap – Large				
Tape Dispenser – Small				
Tape Dispenser – Large				

MILEAGE REIMBURSEMENT FORM

Date	Destination	Purpose	Beginning Odometer	Ending Odometer	Total Miles
				TOTAL MILES DRIVEN	

TOTAL MILES _____ x _____ PER MILE = $ _____ TOTAL REIMBURSEMENT AMOUNT

DRIVER'S NAME:

MISSING LOCK REPORT

Facility: _____ Space #: _____

A. Discovered by: _____ Date discovered: _____

Discovered how: _____ Time discovered: _____

B. Documented attempts to contact the tenant: _____

Attempts	Date	Time	Method of Contact *	Response
1ST				
2ND				
3RD				
4TH				

***For Method Use:** (**L**) Letter (**P**) Phone (**I**) In Person (**E**) Email (**T**) Text

C. Notification to Tenant

Person contacted: _____ Date contacted: _____

Time contacted: _____ Type of contact: _____

D. Response of person contacted: _____

_____

_____

E. Manager's comments: _____

_____

_____

F. Follow-up: _____

_____

Space overlocked? _____ Yes _____ No

Notes in storage management software _____ Yes _____ No

Seal affixed? _____ Yes _____ No Seal number: _____

Comments: _____

_____

File in tenant's folder when completed.

Completed by: _____ Date : _____

MONTHLY MAINTENANCE CHECKLIST

Name: _____ Date: _____

Entry Area & Office

Office	✓	Comments
Carpet / Tile		
Chairs		
Computer		
Countertops		
Doors / Walls		
Floors		
Lights		
Odor		
Signage		
Windows		

Merchandise	✓	Comments
Displayed		
Priced		
Fully Stocked		

Restrooms	✓	Comments
Fan		
Fixtures		
Floor		
Lights		
Toilet		
Towels / Supplies / Odor		

Security	✓	Comments
Cameras		
Computer Backup		
Computer Time		
Door Alarms		
Housing		

Office Equipment	✓	Comments
Accessories		
Cabinets		
Cash Drawer		
Computer / Printer / Copier		
Microwave		
Phone		
Postage Meter		
Refrigerator		
Safe / Shredder		
Scales		
Sound System		
Time Lapse Recorder		

Heating / AC	✓	Comments
Filters		
Temperature / Thermostat		

Gate System	✓	Comments
Gate Operator		
Limit Switches		
Reverse Sensor		
Safety Loops		
Sliding Gate		
Touch Pads		

Fire System	✓	Comments
Alarm Test		
Control Valves		
Extinguishers		
Gate Valves Chained		
Sprinkler Heads		

Entry Landscape	✓	Comments
Curb Appeal		
Sprinklers		
Trees / Shrubs – Neat / Trim		

Outside / Site	✓	Comments
Asphalt / Concrete		
Doors		
Doors – Ropes		
Downspouts / Gutters		
Drains		
Fencing		
Gates		
Guard Posts		
Hallways		
Wall Signs		
Walls		

Electrical	✓	Comments
Electrical Panels		
Emergency Lights		
Exit Signs		
Fixtures		
Lights		
Receptacles		
Electric Signs		
Time Clock		
Timers		

Elevator / Lifts	✓	Comments
Doors		
Floor		
Lights		

Golf Cart	✓	Comments
Batteries		
Brakes		
Cleanliness		
Lubrication		
Seats / Windshield		
Tires		

Equipment	✓	Comments
Blowers		
Bolt Cutters		
Carts / Dollies		
Generators		
Ladders		
Lift Jacks		
Hand Tools		
Power Tools		
Power Trimmers		

Miscellaneous	✓	Comments

MONTHLY MARKETING PLAN

Facility	Supervisor/Owner
Month	Budget $
Current Occupancy	Ending Occupancy
Manager's Name	Costs $

Monthly Specials:

Internet Marketing:	**Completed**

Store Visibility:	**Completed**

Special Promotions:

Website Updates and Changes:

Comments:

Please attach copies of coupons, ads, mailing pieces, etc..

MOVE OUT CHECKLIST

Month _____

Date	Space #	Size	Tenant's Last Name	Vacated Out of Computer	Code Deleted from Computer	Ledger Printed & Agreement Pulled	Space Clean & Overlocked	Comments

NEW CUSTOMER QUESTIONNAIRE

Date: _____ Facility: _____

(Please check the appropriate answer. Thank you!)

1. How did you become acquainted with our business?

_____ Internet Search _____ Company Website _____ Drive By

_____ Referred By A Friend _____ Mailer _____ Yellow Pages

_____ Other _____

2. If you used the internet, did you call other storage facilities?

_____ Yes, approximately how many? _____ _____ No

3. Why did you choose our facility?

_____ Best Security _____ Less Expensive _____ Best Overall Appearance

_____ Closest to My Home _____ Employee _____ Other

4. Approximately how far do you live or how far is your business from our facility?

_____ Less Than 1 Mile _____ 1-2 Miles _____ 2-5 Miles

_____ More Than 5 Miles

5. Approximately how long do you plan on renting at our facility?

_____ 1 Month _____ 2-4 Months _____ 4-6 Months

_____ 0-12 Months _____ 1 Year of More _____ Don't Know

6. What will you be storing with us?

_____ Business Related Items _____ Personal Items _____ Other

7. I am storing because I am:

_____ Moving Into Town _____ Moving Out of Town _____ Moving Within Town

_____ Storing Records _____ Storing Inventory _____ Making Room at Home

_____ Other _____

8. Are there any other services you would like us to provide? _____

_____

Thank you! We hope you enjoy your stay at our facility.

FOR OFFICE USE ONLY Size: Space #:

NEW RENTAL CHECKLIST

MONTH _____

Date	Space #	Size	Tenant's Last Name	Entered In Computer	Entered Gate Access Code Card	Credit Card Author. (If Appl.)	Complete & File Agreement	Remove Vacant Space Lock	Clean Space	Comments

PACKAGE ACCEPTANCE RELEASE FORM

As a service to our customers, our managers will accept incoming packages as long as this agreement is signed and on file at our business office.

I, the undersigned lessee, hereby release _____ the "*Company"* from all claims and /or obligations in regards to signing for and accepting freight or parcels delivered to my Space # _____ for the term of my lease. I have given the manager a key to my storage space for this purpose and will hold the "*Company"* harmless and free of any and all liability or responsibility for loss, damaged goods or any other indirect occurrence.

_____
Lessee – Tenant's Signature

_____
Date

PACKAGE ACCEPTANCE RELEASE FORM

As a service to our customers, our managers will accept incoming packages as long as this agreement is signed and on file at our business office.

I, the undersigned lessee, hereby release _____ the "*Company"* from all claims and /or obligations in regards to signing for and accepting freight or parcels delivered to my Space # _____ for the term of my lease. I have given the manager a key to my storage space for this purpose and will hold the "*Company"* harmless and free of any and all liability or responsibility for loss, damaged goods or any other indirect occurrence.

_____
Lessee – Tenant's Signature

_____
Date

PETTY CASH REIMBURSEMENT FORM

Receipt Date	Paid To	Description	Acct. #	Amount

Please attach the original receipt to this form and keep a copy of this report (and receipts) on-site.

Manager: _____

Total Disbursed	
Cash On Hand	
TOTAL FUND AMOUNT	

PHYSICAL INVENTORY WORKSHEET

Audit Type: (Check) Complete _____ Cursory _____ Manager Self Audit _____

FACILITY: _____ **AUDITOR:** _____ **MANAGER:** _____ **DATE:** _____

REVIEW CODES

01 – Vacant yet unit is locked? (Why)
02 – Rented but no lock or items inside? (Why)
03 – Not overlocked, yet late? (Why)
04 – Paid but still overlocked? (Why)
05 – Reserved yet items inside? (Why)
06 – Vacant, no lock, yet items inside? (Why)
07 – Company lock only on space? (Why)
08 – Space locked open
09 – Latch damaged (Maintenance)
10 – Hasp damaged (Maintenance)
11 – Door damaged (Maintenance)
12 – Rope missing (Maintenance)
13 – Unit number missing on space (Maintenance)
14 – Wrong size (Fix in Computer)
15 – Customer has two locks
16 – Space # not in computer at all (Fix)
17 – Inferior padlock (Contact Customer)
18 – No vacant space lock (Why)
19 – Inventoried but no seal (Why)
20 – Damaged with items inside (Why)
21 – Company space w/ tenant lock? (Why)
22 – Vacant yet vehicle parked in space? (Why)
23 – Parking space not marked (Fix)
24 – Multiple vehicles in single space (Why)

(W) Find Out Why (M) Maintenace (F) Fix in Computer (CC) Contact Customer

Space Number	Tenant's Name	Error Code(s)	Remarks

PROPERTY LOSS REPORT

Insert Logo Here	Insert Company Name and Address

Insurer

Insurance Company	Policy Number
Policy Period From MM / DD / YY	To MM / DD / YY

Policyholder

Name of Insured			
Address	City	State	Zip
Contact Person	Telephone Number Business	Residence	

Loss

Location of Loss:
Description of Loss:

POLICE INFORMATION

Officer's Name	Badge Number
Division	Telephone Number
Report / Occurrence Number	

REMARKS

REFERRAL MARKETING FORM

REFERRAL COMPANY & CONTACT INFORMATION	FOLLOW-UP DATES
Co. Name:_____ Address: _____ City: _____ St: ____ Zip: _____ Contact: _____ Phone:_____ Email: _____	Follow-Up Dates: Comments:
Co. Name:_____ Address: _____ City: _____ St: ____ Zip: _____ Contact: _____ Phone:_____ Email: _____	Follow-Up Dates: Comments:
Co. Name:_____ Address: _____ City: _____ St: ____ Zip: _____ Contact: _____ Phone:_____ Email: _____	Follow-Up Dates: Comments:

YOUR COMPANY NAME

REFERRAL FORM

REFER A NEW RENTAL AND RECEIVE A $25 CHECK OR GIFT CERTIFICATE!

Referring Party (to receive payment):

Name:_____

Company Name:_____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Referral Date: _____ Unit # (if applicable):_____

Customer Being Referred:

Name:_____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Unit #: _____

Manager's Signature: _____

Date:_____

Your Company Name
Address
City, State Zip
Phone #:

LOGO

YOUR COMPANY NAME

REFERRAL FORM

REFER A NEW RENTAL AND RECEIVE A $25 CHECK OR GIFT CERTIFICATE!

Referring Party (to receive payment):

Name:_____

Company Name: _____

Address:_____

City, State, Zip: _____

Daytime Phone: _____

Referral Date:_____ Unit # (if applicable): _____

Customer Being Referred:

Name:_____

Address:_____

City, State, Zip: _____

Daytime Phone: _____ Unit #: _____

Manager's Signature:_____

Date:_____

Your Company Name
Address
City, State Zip
Phone #:

LOGO

YOUR COMPANY NAME

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REFER A NEW RENTAL AND RECEIVE A $25 CHECK OR GIFT CERTIFICATE!

Referring Party (to receive payment):

Name:_____

Company Name:_____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Referral Date: _____ Unit # (if applicable):_____

Customer Being Referred:

Name:_____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Unit #: _____

Manager's Signature: _____

Date:_____

Your Company Name
Address
City, State Zip
Phone #:

LOGO

YOUR COMPANY NAME

REFERRAL FORM

REFER A NEW RENTAL AND RECEIVE A $25 CHECK OR GIFT CERTIFICATE!

Referring Party (to receive payment):

Name: _____

Company Name:_____

Address: _____

City, State, Zip:_____

Daytime Phone: _____

Referral Date: _____ Unit # (if applicable):_____

Customer Being Referred:

Name: _____

Address: _____

City, State, Zip:_____

Daytime Phone: _____ Unit #:_____

Manager's Signature: _____

Date: _____

Your Company Name
Address
City, State Zip
Phone #:

LOGO

RENT REFUND REQUEST FORM

Facility: _____ Date: _____

Space #: _____

Please mail rent refund to – Tenant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Refund: _____

Refund _____ Month's Rent Total Rent Refund Amount $_____

Please attach a closing tenant ledger with this form.

Refunded on (Date): _____ Check #: _____

Manager: _____

RENT REFUND REQUEST FORM

Facility: _____ Date: _____

Space #: _____

Please mail rent refund to – Tenant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Refund: _____

Refund _____ Month's Rent Total Rent Refund Amount $_____

Please attach a closing tenant ledger with this form.

Refunded on (Date): _____ Check #: _____

Manager: _____

RETURNED CHECK NOTICE

To:

Date

We received a check that was returned unpaid from your bank in the amount of $_____.
The check was not paid because of insufficient funds, stopped payment, or closed account and the payee demands payment. You may have a good faith dispute as to whether you owe the full amount. If you do not have a good faith dispute with the payee and fail to pay the payee the full amount of the check within 30 days after this notice was mailed, you could be sued and held responsible to any or all of the following:

1. The amount of the check.
2. Damages of at least $100 or if higher, three times the amount of the check up to $500.
3. The cost of mailing this notice.

If the court determines that you do have a good faith dispute with the payee, you will have to pay the damages and mailing cost mentioned above. If you stopped payment because you have a good faith dispute with the payee, you should try to work out your dispute with the payee. You can contact the payee at:

Facility Contact Information

You may wish to contact a lawyer to discuss your legal rights and responsibilities.

SALES CONTEST

Facility: _____ Month: _____

Date	Space	Customer	Type of Lock	Amount	Salesperson

SELF-STORAGE DAILY TO DO LIST

Name: _____ Date: _____

OPENING PROCEDURES	✓	Initials	Comments
Turn off office alarm			
Clock in to work			
Unlock all doors			
Change the office sign to OPEN			
Check the answering machine for messages			
Print two copies of the Vacancy Report (keep near phone)			
Count the cash drawer for accuracy			
Make coffee for customers			
Check email and phone messages			
Get any mail from the check drop box			
DAILY PROCEDURES	**✓**	**Initials**	**Comments**
Review Vacant Spaces list & make sure the spaces are clean & ready to rent			
Check restrooms throughout the day for cleanliness and to restock			
Process any credit card payments due (check for unprocessed cards)			
Accept daily payments			
Make the previous day's deposit (weekends may be an exception)			
Show and rent spaces			
Call past due customers			
Over lock any past due customers			
Remove over lock of customer that has paid past due rent			
Call back any reservations or inquiries			
Work on social networking			
Conduct lock check and security round of the property (several times daily)			
Restock supplies and merchandise for sale			
File paperwork			
During any downtime…clean the office!			
CLOSING PROCEDURES	**✓**	**Initials**	**Comments**
Follow the end of the day close for the computer			
Complete deposit slip (verify checks, compare daily receipts in computer)			
Count cash in deposit, cash drawer, and petty cash fund			
Put away golf cart (charge only if necessary)			
Vacuum/sweep/mop office floors			
Take out the trash			
Clean countertops and doors			
Lock the office doors			
Change the window and door signs to CLOSED			
Secure the petty cash and daily payments			
Turn on the answering machine			
Clock out			
Set the office alarm and lock all doors before departing			

SELF-STORAGE MOVE-IN TO DO LIST

Name: _____ Date _____

It is important to have several "Move-In Packages" ready with all the necessary paperwork.

MOVE-IN RENTAL PACKAGE	✓	Initials	Comments
Tenant move-in folder/envelope			
Lease agreement			
Brochure			
Business card			
Insurance/Protection Plan brochure			
Insurance/Protection Plan addendum			
New customer questionnaire			
Gate code instruction card			
Customer satisfaction brochure			
Change of address card			
Payment envelopes and/or payment coupon booklet (if applicable)			
Referral program card			
Monthly Credit Card Billing Authorization			

NEW CUSTOMER MOVE-IN PROCEDURES	✓	Initials	Comments
Always show the recommended spaces (specifically their space)			
Ask the prospect to complete the lease agreement			
Complete your portion of the lease agreement			
Explain the most important provisions and then execute the lease			
Explain the items which are included with the "Move-In Rental Package" (list above)			
Get a copy of the tenant's driver's license or valid identification (non-military – do not copy military IDs)			
Offer to sell a lock and any other ancillary products			
Enter the customer's security access code into the computer			
Ask the tenant if they are interested in insurance/protection. Have the tenant sign an addendum whether they accept or deny insurance coverage/protection and keep that portion attached to the lease agreement			
Ask tenant to complete the New Customer Questionnaire while you enter their information in the computer			
Ask the tenant to use credit/debit card on autopay			
Take the tenant's payment			
Print a receipt and two copies of the Move-In ledger, if used, one for the tenant's file and one for the Daily Reports			
Demonstrate the gate operation to the tenant			
File the lease agreement and all related paperwork in the space file			
Put the completed New Customer Questionnaire in the monthly items to go to the supervisor/owner			
Remove the vacant space lock before the tenant moves in to the space			

SELF-STORAGE OFFICE PROCEDURES

WEEKLY OFFICE PROCEDURES	✓	Initials	Comments
Conduct a physical inventory (see Physical Inventory Worksheet)			
Inventory, order, and restock merchandise and supplies			
Check postage meter for ample funds, if applicable			
Review all tenant files for delinquency, foreclosure/auction			
Clean the golf cart			
Send timecards to supervisor/owner (if emailed or faxed, send the original with End-Of-Month reports)			

MONTHLY OFFICE PROCEDURES	✓	Initials	Comments
Monthly Reports			
Monthly Income Summary			
Deposit and Prepaid Rent summary			
Monthly Cash Income Summary			
Rentals and Vacates by Size			
Deposits			
Refund Requests			
Time Cards for Payroll			
Completed N.S.F. Follow-Up Forms			
Petty Cash Reimbursements			
Send any invoices or bills to be paid to supervisor/owner			

TELEPHONE AND WEBSITE INQUIRES

DAILY RECORD

Date		Desired Size Needed	Date Needed	Customer Name & Phone #	Special Offer If Any (Free Lock, Days)	Adv. Source	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SPACE # _____

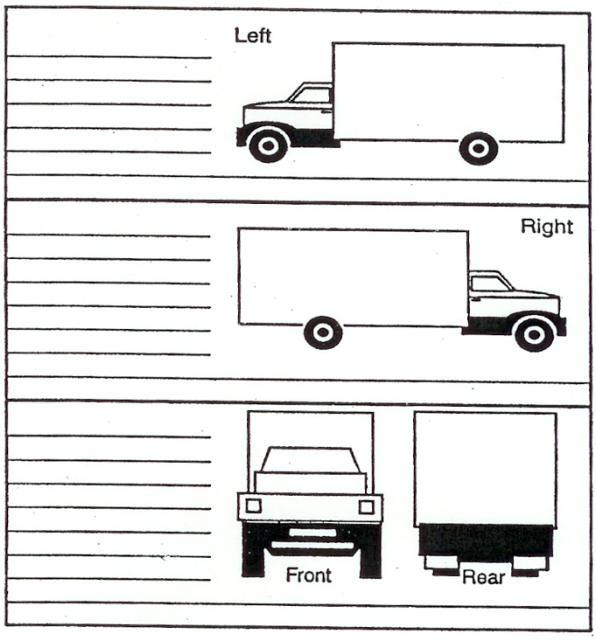
TENANT CONTACT JOURNAL

(PLEASE DOCUMENT ALL PHONE CONVERSATIONS AND/OR CONTACTS)

Note: Dates, times, person spoken to, attempts, etc.

TRUCK INSPECTION REPORT

Note any damage below.



GENERAL PHYSICAL CONDITION OF TRUCK:
(Visually check around truck for body damage)

_____ Lights _____ Horn
_____ Mirrors _____ Brakes
_____ Warning lights _____ Ramp/Latch
_____ Turn signals _____ Fire extinguisher
_____ Wipers

ENGINE MAINTENANCE:

_____ Oil level _____ Water level
_____ Brake level _____ Washer level
_____ Transmission level

TIRE MAINTENANCE:

_____ Left front _____ Right front
_____ Left rear/inside _____ Left rear/outside
_____ Right rear/inside _____ Right rear/outside

WEEKLY CLEAN UP:

_____ Wash windows _____ Wash interior
_____ Wash exterior _____ Dress tires
_____ Sweep/mop cargo area

DOCUMENTS:

_____ Registration _____ City Map
_____ Manual _____ Insurance card

EQUIPMENT:

_____ Hand truck _____ Blankets
_____ Cones _____ Triangles
_____ Rope _____ Cargo bar

TRUCK RULES – I understand & agree to the following:

* Do not drive through restaurant, hotel or fast food drive thru's.
* No passengers are allowed to ride inside cab.
* Do not overload vehicle. Be careful when loaded.
* Lock truck at all times when not present and take the keys with you.
* Stop for all school buses and railroad crossings.
* Avoid passing on two lane roads.
* Always lock the rear cargo door when in transit.
* If truck breaks down, place triangles and call for assistance.
* Do not pull or tow anything.
* Do not smoke inside the truck.
* Keep the truck spotless at all times.
* Driver is responsible for all moving and parking violations.
* Report any mechanical failures to the manager immediately.
* No glass or plastic bottles are allowed in the cab of the truck.

Facility: _____ Driver: _____ Remarks: _____

Mileage: _____ Date: _____ _____

Vehicle ID: _____

License No: _____

I hereby attest that I have inspected the vehicle described herein and have noted any/all discrepancies, corrected any that pose a safety hazard and consider this vehicle roadworthy and safe.

Tenant's Signature: _____ Manager's Signature: _____

TRUCK USE AGREEMENT

Facility: _____ Date: _____

Tenant's Name: _____ Date of Move: _____

Address: _____ Cross Streets: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Directions: _____

Date & Time Out: _____ / _____	Space #: _____
Date & Time In: _____ / _____	Size: _____
Date & Time Out: _____ / _____	Rent: _____
Date & Time In: _____ / _____	Load Time: _____

Tenant agrees to pay the following charges:	**Usage Rates**	**Charges**
Excess hourly charge of $30.00 per hour	Hours/Min. used: _____	$ _____
Mileage charge of _____ per mile	Miles Driven: _____	$ _____
Fuel use of _____ per gallon.	Gallons Used: _____	$ _____
	Total Charges Due	$ _____

TENANT AGREES TO THE FOLLOWING CONDITIONS:

1. If driver provided:
    a. Driver cannot assist in the loading or unloading of items being transported or stored. Driver will provide moving blankets, appliance dollies and other moving equipment and said equipment must be returned in good condition. Tenant agrees to reimburse facility for any all damage to truck or equipment due to customer's negligence or misuse.
    b. Tenant agrees to immediately load all personal property for transport when driver arrives. Tenant agrees that all items must be packed in a manner that is conductive to transport and that will prevent damage while in transit. Tenant will secure all property in such a way that prevents movement, slippage and damage. Tenant must load truck in the time allotted in this agreement, otherwise tenant agrees to pay the excess hourly charge stated above.
2. Facility is not responsible for loss or damage to property owned by or in the possession of the tenant or for any injuries of any nature whatsoever to the tenant's agents, employees, guests, members of the tenant's household or other persons involved in the loading or unloading of tenant's possessions for transport.
3. Tenant agrees not to transport any hazardous, illegal, toxic or dangerous substances, including, but not limited to paint, thinners, gasoline, propane, drugs, chemicals, varnish, explosives, perishable food items and or any caustic or flammable materials whatsoever.

Tenant's Signature: _____ Date: _____

Facility Manager: _____ Date: _____

I HAVE READ AND AGREE TO BE BOUND BY THE TERMS & CONDITIONS OF THIS AGREEMENT.

TRUCK USE LOG

Date	Tenant Name	Unit Number	Address	Beginning Odometer	Ending Odometer	Total Miles

From:

Date:

To:

UNSECURED SPACE NOTICE

Dear Valued Customer:

During a recent lock/security inspection, we discovered that your Space #: _____;

_____ has no lock on it. We have placed a company lock and numbered seal on your space as a courtesy to you. Our policy is you must have a lock on your space. We cannot be responsible for damage or loss of your property. Please arrange to visit the facility as soon as possible and secure your space.

_____ is improperly locked and cannot be adequately secured. Please contact us immediately and arrange to visit the facility to re-secure your space.

_____ was not locked, though your lock is present. We affixed the lock to your space and properly closed it as a courtesy to you. If you have problems with your lock, please consult our manager concerning its proper operation.

If you have any questions regarding this letter, please contact us during office hours at _____ .
Phone #

Sincerely,

X _____
Facility Manager

VACATE TO DO LIST

Name: _____ Date: _____

When a tenant vacates the space by giving the required "Vacate Notice" you should follow these steps for vacating the tenant.

NORMAL VACATE CHECKLIST	DONE	Initials	Comments
Physically check the space to be sure that it is empty			
Determine whether or not the space door needs serviced (e.g., check tension, grease, etc.)			
Clean and exterminate the space			
Close and lock the space with a vacant space lock			
Check the status in the computer			
Confirm the vacancy with the tenant if the tenant is paid beyond the vacate date			
Vacate the tenant in the computer			
Print a closing ledger			
Remove the tenant's gate access code, if applicable			
Pull the space file			
Remove the tenant from monthly credit card/ACH processing (if applicable)			
File the lease agreement (and attached items) and closing ledger in Monthly Vacate file box			
Enclose a copy of the tenant's closing ledger with reports to the supervisor/owner			

TENANTS WHO LEAVE OWING MONEY	DONE	Initials	Comments
Call the tenant to verify they have vacated and collect money (if applicable)			
Follow regular tenant vacate procedures listed above			
After you print a Closing Ledger, make a note of why you had to "write off" the rent and/or late fees			

Note: Be careful when vacating tenants who are paid in advance or didn't give you notice. This could potentially be a break-in.

VENDOR LIST

SITE: **PAGE #:**

Service	Company Name Address	Contact Person Telephone / Email / Website	Certificate of Insurance Yes / No