



Date: _____

Tenant Contact Sheet

Please fill out the information below so we can verify our records and make sure we can contact you in case there are any issues with your storage unit

Unit Number(s): _____

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Please provide email address so we can send your invoice each month

Current Gate Code: _____

In case we clear the system, we want to make sure your code gets re-entered

Please send this form to the Hideaway address below or drop it in the night box at the facility

Hideaway Storage
5012 North FM 1417
Denison, Texas 75020