

**FLUVANNA SELF STORAGE
VEHICLE STORAGE DATA FORM**

Registered Owners Name: _____

Lessee Name: _____ (same as above)

Address: _____

City, State & Zip: _____

Tel: (Home) _____ (Cell) _____ (Other) _____

Email: _____

Alternate emergency contact:

Name: _____

Tel: (Home) _____ (Cell) _____ (Other) _____

Email: _____

Vehicle description:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Truck | <input type="checkbox"/> Van | <input type="checkbox"/> Truck Camper (on vehicle) |
| <input type="checkbox"/> RV under 20 ft | <input type="checkbox"/> RV 20-30 Ft | <input type="checkbox"/> RV over 30 ft | <input type="checkbox"/> Small Camp Trailer |
| <input type="checkbox"/> 5th Wheel Trailer | <input type="checkbox"/> Cargo/Utility Trailer | <input type="checkbox"/> Boat w/trailer | <input type="checkbox"/> Other Vehicle/Boat |

Manufacture: _____ Model: _____ Year: _____

Color, Descriptive Markings: _____

State of registration _____ License plate # _____

Name of lender who has lien on vehicle/boat _____

City and state of lender _____

Trailer Manufacture: _____ Type of trailer _____

Year of mfg. _____ Color(s) _____

License plate of trailer _____ State _____

Lessee must provide current proof of ownership of vehicle, boat or trailers stored at this facility.

Parking Space: _____ (Filled in by Fluvanna Self Storage)

(email completed form to manager@storefss.com or drop off at office or
mail to 21 Burns Plaza, Palmyra, VA 22963)