



SAV - ON STORAGE
 3712 MAIN ST.
 CHULA VISTA, CA. 91911-5835
 Phone: 619-425-2040 Fax: 619-427-6357
 www.savonstorage.com

LOCK CUTTING AUTHORIZATION

Date: _____

Site: Sav-On Rentals

Space #: _____

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

Customer's Name: _____

Driver's License #: _____

State: _____

I hereby request and authorize the owner/property 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 / property 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: _____

ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____
 (Insert Name of Title of the Officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person who's name is subscribed to the within instrument and acknowledged to me that he / she execute the same in his / her authorized capacity, and that by his / her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)