



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

**Authorization to Hold Keys**

Dear Management:

I, \_\_\_\_\_, authorize Sav-On Storage, of 3712 Main St., Chula Vista, CA 91911 or any of its representatives to hold the keys to our leased unit number \_\_\_\_\_ for the purpose of:

\_\_\_\_\_ Receiving shipments to the above specified unit number and further agrees that the shipments will be only in the name of the lessee and that Sav-On Storage, or any of its representatives is released of any responsibilities to inventory the shipments, be with the delivery person as they are placing the shipment into the above specified unit number of to accept shipments in which the delivery person refuses to deliver directly to the specified unit number and/or any damages that may occur.

\_\_\_\_\_ Any repairs which may need to be done in reference to the above specified unit number.

\_\_\_\_\_ Entering the above specified unit number for the strict reason of accessing an immediate power source to the Sav-On Storage complex.

\_\_\_\_\_ At the tenant's request to turn the keys over to a person other than that signed on the lease agreement for whatever reason necessary. That person or company is as follows:

\_\_\_\_\_  
 (It is understood that the keys will only be turned over to the above specified person or company when proper identification has been shown.)

\_\_\_\_\_  
**Tenant Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant Name**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Signature of Authorized Representative**