



40 Taylor Cutoff Road, Sequim, WA 98382 Phone (360) 683-3000 Fax (360) 680-1699
SequimSelfStorage.com

CUT LOCK AUTHORIZATION FORM

***Please complete the section below to request your lock to be removed.**

I, _____, release and authorize the owner/property manager of Sequim Self
Storage, Inc to remove my lock by any means necessary from storage unit, Bldg ____ Unit # ____ I agree to
hold harmless and indemnify Sequim Self Storage, Inc from any/all liability and/or damage that may arise as a
result of my request to remove said lock from the unit. Tenant also is obligated and agrees to pay the fee of
\$30.00 to have the lock removed from the storage unit.

Tenant Signature _____ Date of Request _____
Driver's License _____ State _____

Note: (Attach a photocopy of the driver's license)

STAFF TO COMPLETE UPON RECEIPT

Date Received: _____ Received Via: _____ In-Person by Tenant
_____ Invalid Delivery

Fee \$30.00 paid: _____ Date _____

Witnessed and Received by: _____

Lock Cut By: _____ Date and Time: _____

Entered into Computer By: _____ Date Entered: _____

*This form is to be retained in the Tenant Storage Unit File