

Storage Shed Application

RayWhite



DATE OF APPLICATION:



SHED NUMBER:



STORER DETAILS:

Business Name:

Full name:

Current Address:

New address (if moving):

Phone Numbers:

Drivers License Number:

License Expiry Date:

Email Address:

Occupation:

Employer's Name:

Employer's Address:

Employers Phone Number:

Period of Employment:



ALTERNATIVE CONTACT PERSON

Full Name:

Home Address:

Phone Numbers:



EMERGENCY CONTACT PERSON

Full Name:

Home Address:

Phone Numbers:

Please advise us immediately if your address or contact numbers of those of alternative contact person change.

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