



EXTENDED HOURS ACCESS APPLICATION FORM

Customer name _____ Unit number/s _____

Upon successful application I/we agree to the conditions below for extended hours access.

- The hours required to access the unit are - _____ till _____ and the access is required from ____/____/____ and then extended automatically until termination of the service is advised by either party.
- I/we agree to pay a monthly extended hours access fee of \$_____.

For insurance purposes, please describe the reason/s that necessitate after hours access.

Conditions

- Upon entry I/we will ensure that I/we am not followed into the facility by a tailgater and wait until roller doors are fully closed before proceeding.
- Upon exiting the facility I/we will ensure that all parties related to my access code leave the building together.
- After exiting the facility I/we will ensure that all roller doors are fully closed before proceeding.
- I/we will not use any of the fire exits after hours except in the case of an emergency.
- If there is a security breach due to negligence I/we agree to pay any security call out fees or any other related charges.
- I/we will not hold Spare Room liable in the event that extended hours access cannot be available due to factors beyond the control of Spare Room Self Storage.
- I/we understand there is a 2 hour time limit whilst inside the facility after hours. If this time expires, exit and re-entry of the facility is required.
- I/we will make sure that anyone using my access code fully understands these conditions.
- **I/we understand that extended hours access can be terminated at any time without notice, at the discretion of management**

Print name

Signed

Staff Use Only

Residential Customer

Commercial Customer

New Customer

Existing Customer

Payment History - excellent good poor

Drivers Licence and Additional ID attached

Customer is on Automatic Payment from a credit card

Primary contact phone numbers

Mobile

Home

Business

Alternate contact phone numbers

Mobile

Home

Business

Staff Name

Signed

Management Use Only

Request: Granted

Denied

Name: _____

Signature: _____

Date: _____

Notes
