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HIDDEN VALLEY STORAGE SPACE/UNIT APPLICATION

LAST NAME _____ FIRST _____ MIDDLE _____

DOB _____ D/L# _____ EMAIL: _____

PRESENT ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ OWN / RENT _____

PHONE # _____ ALT PHONE # _____

VEHICLE(S) OWNED

MAKE & MODEL _____ YEAR _____ COLOR _____ LICENSE # _____ STATE _____

MAKE & MODEL _____ YEAR _____ COLOR _____ LICENSE # _____ STATE _____

MAKE & MODEL _____ YEAR _____ COLOR _____ LICENSE # _____ STATE _____

How did you hear about us? Newspaper _____ Drive by _____ Referral _____ Other _____

WHAT TYPE OF MATERIALS WILL YOU BE STORING? _____

DO YOU OWN ALL OF THE MATERIALS TO BE STORED IN UNIT? _____

Applicants signature: _____ Date: _____