

APPLICATION FOR LOCKER

NAME: _____ UNIT NO. _____

TELEPHONE NO.: _____ STATUS: OWNER ☐ TENANT ☐

If tenant, name of the owner: _____

APPLICATION FOR: CHANGE: ☐ NEW: ☐ ADDITIONAL: ☐

DATE OF APPLICATION: _____ SIGNATURE: _____

For Management Office only

DATE OF ASSIGNMENT: _____ LOCKER NO: _____

LOCATION: _____

APPROVED BY: BOARD OF DIRECTORS
CCC #34

SIGNED: _____

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