



*Moving & Storage Made Simple*

**Storage Facility Permission Form**

**Customer Name:**

**Order #:**

**Storage Facility:**

**Storage Facility Address:**

**Storage Facility Contact:**

**Contact Phone Number:**

**Hours of operation:**

**Gate Code:**

**Please sign below stating that 1-800-Pack-Rat|Zippyshell has permission to leave a container(s) at the above address.**