

2600 Association, Inc.

Jersey City, New Jersey 07306

STORAGE BIN LEASE AGREEMENT

Storage Bin Request for: Name _____, Unit # _____
(Please print)

Your storage bin will be in Room # _____ Bin # _____. Please check the "Yes" box and sign the form below where indicated. This storage agreement must be returned before anything may be placed in the bin. If this form is not signed and returned by you within 4 days, it will be assumed you no longer wish to lease a bin and your name will be removed from the waiting list.

The rental fee for your storage bin is \$ _____ per month, beginning ____/____/_____. If you should have any questions, please feel free to contact the Managing Agent.

Yes, I wish to lease the storage bin indicated above. Please add the rental fee to my monthly billing statement.

_____/_____/_____
Signature Date

TO BE COMPLETED BY SUPER:

Date Received: ____/____/_____ Received by: _____

(Super: Please scan and send completed form to Managing Agent for billing.)

Date sent: ____/____/_____