Unit #	
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Landmark College Office of Residential Life **Storage Unit Rental Agreement**

<u>Summer 2016</u>

Rental Charge = \$50

Building You're Moving To:

- 1. No Food, perishable items or items prohibited by Landmark policy may be stored in your rented storage unit. 2. Your student account will be charged \$50 for each storage period agreed to.
- 3. Your student account will be charged \$10 per day if belongings are not picked seven (7) days after the first day of the semester.

Stora	ge Period I am storing my property for the perio	d of time indicated below:	
	End of Spring Semester 2016 – May 22, 2015 (stude returning for any other summer sessions or the Fall S Removal date: May 29 th 2016		
	End of Spring Semester 2016 – June 25, 2016 (stude are NOT returning for the Fall semester) Removal date: July 3 rd , 2015	ents who are only attending Summer Session 2 and who	
	End of Spring Semester 2016 – August 27, 2016 (Stuwho will be returning for the Fall Semester) Removal date: September 4 th , 2015	udents who are attending Summer Session 1 and/ or 2 and	
	End of Spring Semester 2016 – August 27, 2016 (stuand who WILL be returning for the Fall Semester) Removal date: September 4 th , 2015	dents who are employed by the College for the summer	
	End of Spring Semester 2016 – August 27, 2016 (into Session 1, Summer Session 2, or Fall Semester) Removal date: September 4 th , 2015	ernational students who WILL be returning for Summer	
	 Early arrivals will have access to storage on the Sunday before the first day of the semester. I understand that I can only access my storage unit during posted hours; not earlier or later than posted. I understand that I am using a storage unit at my own risk and that the College will not be held liable for lost, damaged, or stolen items. I understand that should I not empty my rented storage unit seven (7) days after the semester opens my student account will be charged \$10/ day for up to 30 days. After 30 days items will be considered abandoned and will be disposed as the College sees fit. 		
Stud	ent Name (please print)	Address	
Current Cell Phone Number		Staff Member Name and Initials	
Student Signature		Date	

Unit #	
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