



TRAILER STORAGE AGREEMENT

Date of Agreement: _____

*All requested information is required

LAST NAME (please print) FIRST NAME

Address

City State Zip Code

Home Phone Work Phone Mobile

Trailer Rate: _____ / Monthly

Trailer Make: _____

Trailer Model: _____

Trailer Color: _____

License Plate: _____

Trailer Serial #: _____

Owner of Trailer Signature: _____ Date: _____

Boyko Ranch LLC Signature: _____ Date: _____
