



### AUTHORIZATION TO CUT LOCK

I authorize Lighthouse Storage to remove the lock on the space number listed below. I acknowledge that Lighthouse Storage shall have no liability in connection with the removal of the lock on my space. I also understand that a \$30.00 fee will be added to my account and will be payable prior to the lock being cut. You can mail or scan/email the signed copy back to us.

Date: \_\_\_/\_\_\_/\_\_\_

Lighthouse Storage Location: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Thank You!

Lighthouse Storage

1440 10<sup>th</sup> Street

Tell City, IN 47586