

**Bargold Storage Systems, LLC  
Extra Key Request  
41-41 38<sup>TH</sup> STREET  
LIC, NY 11101  
Phone: 718-247-7000**

Storage Space # \_\_\_\_\_  
Monthly Rent \_\_\_\_\_  
Date \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #/Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

<i>Reason for Extra Key:</i>	<i>Lost Original</i>	<i>Other</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupant's Signature

**Please complete this form. The key replacement charge is \$50.00.**

**Method of payment:**

\*Cash \_\_\_\_\_

\*Check/ Money Order \_\_\_\_\_

Payment Received by \_\_\_\_\_  
(Bargold Representative)

\*I authorize Bargold to debit my account \_\_\_\_\_

FOR OFFICE USE ONLY: NOTE: \$50 key charge on acct.
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