



CITY OF HALSTAD

Seasonal Storage Registration/Agreement

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Season Selection

Please indicate which season you would like to rent storage space for

- Summer – May-October
- Winter – November-April

Unit Information

Type of Unit (check all that apply)

- Motor home, Travel Trailer, Camper, etc.
- 5th Wheel Trailer
- Watercraft (Boat, Pontoon, Jet Ski, etc)
- Motorcycle, 4 Wheeler, UTV, etc
- Other (If other, please explain) _____

Make of Vehicle/Unit: _____ Year of Vehicle/Unit: _____

State and License Number: _____ Color: _____

Owner Name if different than above: _____

Approximate Value: _____ Size/Dimensions: _____

Additional Notes/Information: _____

Batteries must be disconnected but not removed from any vehicle. BATTERY MUST STAY WITH UNITS THAT REQUIRE THEM! Propane tanks/portable gas tanks must be removed from all units prior to storage.

For City Use Only:

Unit Length= _____ x \$10.00 per linear foot = \$ _____

Unit Accepted? _____ Date Accepted? _____