



Storage File Experts

Records Storage - Portable Storage - Self Storage - Training
Consulting - Coaching - RIM - Shredding - Scanning

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250-466-5366

Please provide the following information on your facility so we can perform a preliminary evaluation:

- Name of Facility: _____
- Location of Facility: _____
- Net Leasable Square Feet: _____ Gross Square Feet: _____
- Net leasable square feet and occupancy numbers vis-à-vis the Vehicle Storage Area:
_____ sq. ft. or _____ number of slips
- Year Built: _____
- Expansion Capability: _____
- % Occupancy: _____ %
- % Climate Controlled: _____ %
- Gross Monthly Income: \$_____ (Latest Month)
- 12 Month Trailing NOI: \$_____
- Contact Person: _____
- Email: _____
- Phone: _____
- Cell: _____
- Website: _____
- Management Software Used: _____
- Who NOT to contact: _____
- Would you like to be paid in cash or gold? _____

Please provide the following attachments:

- Site Plan/Layout of the existing Units
- Last Month's Management Summary Report
- 12 Month Trailing Income Statement