

Woodcroft Community Association, Inc.
c/o 5915 Farrington Road, Suite 104
Chapel Hill, NC 27517
Email: tr@casnc.com

2020 WOODCROFT STORAGE FACILITY LEASE CONTRACT

NAME _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

DATE _____ FEE PAID \$ _____ Payment due UPON RECEIPT.

WCA STORAGE FACILITY SPACE ASSIGNMENT

_____/_____

1. Description of item to be stored _____

LICENSE # _____ REGISTRATION # _____

2. Description of item to be stored _____

LICENSE # _____ REGISTRATION # _____

• I HEREBY RELEASE THE WOODCROFT COMMUNITY ASSOCIATION, INC., FROM ALL LIABILITY FOR DAMAGE TO PERSON OR PROPERTY IN THE WCA STORAGE FACILITY.

• I ACKNOWLEDGE THAT THIS LEASE CONVERTS TO MONTH TO MONTH ON 1/1/19 AND CAN BE CANCELLED WITH 30 DAYS NOTICE BY EITHER PARTY

• I HAVE READ AND AGREE TO ABIDE BY THE WCA STORAGE FACILITY RULES AND REGULATIONS.

• I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF THE REVISED WCA STORAGE FACILITY RULES AND REGULATIONS. (REVISED 12/2014 BY THE WCA BOARD OF DIRECTORS)

WCA STORAGE FACILITY RESIDENT SIGNATURE _____

DATE _____

*An email address must be provided in order for the resident to be a member of the Storage Facility listserv.