

## **RELEASE FORM: PROPERTY OWNER'S PERMISSION**

(Please print all information)

Customer's Name:		Acct#:	
PROPERTY OWNER'S CONTACT	INFORMAT	'ION:	
Property Owner's Name:			
Mailing address:			
City:			
Contact Phone Number: ()			
PROPERTY INFORMATION:			
Cook Portable Warehouses or its agents property to deliver and/or retrieve the Co			my
Address:			
City:	State:	Zip:	
(PROPERTY OWNER'S SIGNATURE)	)		
Date:			
(CUSTOMER'S SIGNATURE)			
Date:			

THIS FORM IS USED TO OBTAIN THE PROPERTY OWNER'S PERMISSION TO ACCESS THE

PROPERTY WHERE A COOK PORTABLE WAREHOUSE WILL BE LOCATED.

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