



# WATERGATE COMMUNITY ASSOCIATION

## Storage Room Removal Request

Date: \_\_\_\_\_

Time: \_\_\_\_\_

To: Watergate Community Association

From (unit owner or tenant): Unit# \_\_\_\_\_

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

I am the registered owner or tenant of unit \_\_\_\_\_ and have been assigned storage room \_\_\_\_\_, bin # \_\_\_\_\_ as our exclusive use common area storage.

I have found that items not belonging to me/us have been stored in my/our storage bin. I direct WCA Staff to attempt to locate the owner of the items placed in my storage bin. Should these items remain in my/our assigned storage bin after **five (5) business days**, I further direct the WCA Security to cut the lock and remove the items in question.

I agree to hold the WCA harmless for following the above-initiated instructions.

Sincerely,

\_\_\_\_\_  
(Signature of Owner or Tenant)

\_\_\_\_\_  
(Date)

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**OFFICE USE ONLY**

STORAGE LOCKER \_\_\_\_\_ BIN # \_\_\_\_\_ IS ASSIGNED TO UNIT \_\_\_\_\_

VERIFIED BY \_\_\_\_\_

DATE \_\_\_\_\_

AT THE INSTRUCTION OF THE REGISTERED OWNER OR TENANT AS STATED ABOVE, WCA SECURITY IS HEREBY DIRECTED TO REMOVE THE ITEMS FROM THE ABOVE STORAGE BIN.

\_\_\_\_\_  
(AUTHORIZED WCA SIGNATURE)

\_\_\_\_\_  
(DATE)

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**REMOVED BY:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_