

**WESTCHESTER GARDENS OWNERS, INC.
PRIVATE STORAGE CAGE
CONFIRMATION OF STORAGE UNIT**

I CONFIRM THAT I WILL MAKE USE OF THE STORAGE

UNIT # _____

**I UNDERSTAND THE MONTHLY CHARGE FOR A STORAGE
UNIT IS \$50.00.**

**I ACKNOWLEDGE THAT STORAGE IN THE UNIT IS AT MY
OWN RISK AND EXPENSE. WESTCHESTER GARDENS BOARD
AND MANAGEMENT ARE NOT RESPONSIBLE FOR ANY
PRIVATE STORAGE. NO FLAMABLE ITEMS ARE PERMITTED.**

NAME: _____ APT: _____

EMAIL: _____

CELL: _____

**PLEASE RETURN COMPLETED FORM TO
INFO@ROBERTORLOFSKY.COM**