



**CANTON CAR CAVE**  
41839 Michigan Avenue  
Canton, Michigan 48188 • 734-669-3600

**CANTON CAR CAVE - MONTHLY AUTO STORAGE**  
Move-in Checklist

**Tenant Information**

Tenant's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, St Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Identification**

**Copy Photo ID**

Driver License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

**Vehicle Information**

**Copy Registration**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_ ST: \_\_\_\_\_

VIN: \_\_\_\_\_ Reg. Exp.: \_\_\_\_\_

**Vehicle Information (if 2)**

**Copy Registration**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_ ST: \_\_\_\_\_

VIN: \_\_\_\_\_ Reg. Exp.: \_\_\_\_\_

**Car Photos**

Front     Driver     Rear     Passenger     Dents/Scratches

**Insurance Information**

**Copy Insurance**

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Exp.: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_