

# 2009 SELF-STORAGE ALMANAC

## INDUSTRY SURVEY

Thank you in advance for participation  
in this valuable industry service!

*Important: Indicate facility information for this survey*

Facility Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**(All information will be kept strictly confidential)**

*If you have any questions regarding this form, please contact:  
Erica Shatzer at 1-800-528-1056, ext. 3012*

Please indicate where the  
Survey Summary Report and Discount Coupons should be sent.

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

Facility Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PLEASE RETURN BY JUNE 30, 2008**

To complete this survey ONLINE, access [www.MinistorageMessenger.com](http://www.MinistorageMessenger.com),  
click on the *2009 Self-Storage Almanac* survey icon, and simply follow the instructions.

**Your customer ID number: ALMB8002**

Please answer all the questions for the facility named in the cover letter only. Please fax your completed survey to 602-678-3511 before JUNE 30, 2008. THANK YOU for your assistance in this valuable industry service!

1. In which state is your facility located? \_\_\_\_\_
2. Please estimate the population of the area in which your facility is located.
- Less than 25,000
  - 25,000 to 99,999
  - 100,000 to 499,999
  - 500,000 to 999,999
  - 1,000,000 or More

3. The year in which this facility opened.
- Prior to 1981       1996 to 2000
  - 1981 to 1985     2001 to 2005
  - 1986 to 1990     2006 or After
  - 1991 to 1995

4. A. The year of the last expansion at this facility.
- No expansion since opening
  - Prior to 1989
  - 1990 to 1994
  - 1995 to 1999
  - 2000 to 2005
  - 2006 or After

B. Indicate type of expansion.

- Specialty Storage
- Retail Showroom
- Manager's Residence
- Additional Units

5. How would you best classify the area in which this facility is located? (Please select only one.)
- Heavy Industrial (Industrial/Manufacturing Districts)
  - Commercial Retail (Shopping Centers, Strip Malls, Retail Areas)
  - Urban/Downtown (Metropolitan Downtown Areas)
  - Residential Neighborhoods
  - Rural Areas (Outside the City)

6. Using the following chart, please classify your customer mix.

	% of Customers	Average Rental Period
Commercial	_____ %	_____ Months
Residential	_____ %	_____ Months
Military	_____ %	_____ Months
Students	_____ %	_____ Months
	100 %	

7. Please indicate the size of your facility.

	Number of Units	Rentable Sq. Footage
Self-Storage Units	_____ Units	_____ SF
RV/Boat Storage	_____ Units	_____ SF
Wine Storage	_____ Units	_____ SF
Records Storage	_____ Units	_____ SF
Other _____	_____ Units	_____ SF

8. How many self-storage facilities do you own or operate?  
\_\_\_\_\_ Facilities

9. Estimate the number of self-storage facilities (including your own) within a 5-mile radius of your site.
- \_\_\_\_\_ Existing Facilities
  - \_\_\_\_\_ New Facilities Under Construction
  - \_\_\_\_\_ Conversions

10. A. Approximately how many telephone inquiries are received at this facility per day? \_\_\_\_\_ Inquiries
- B. Approximately what percentage of telephone inquiries rent space? \_\_\_\_\_ %
- C. Approximately how many "in person" inquiries does this facility receive per day?  
\_\_\_\_\_ Inquiries
- D. Approximately what percentage of "in person" inquiries actually rent space? \_\_\_\_\_ %
- E. If a call center is used, approximately how many leads are generated per day? \_\_\_\_\_
- F. Approximately what percentage of "call center" leads actually rent space? \_\_\_\_\_ %

11. Please use the table below to indicate the number of units at this facility and the appropriate rental rates. (Total "self-storage" units on question 11 should match total # of "self-storage" units on question 7.)

Dimen.	No. of standard units	Rent per month for standard units	No. of climate- controlled units	Rent per mo. for climate- controlled units
5'x5'	_____	\$ _____	_____	\$ _____
5'x10'	_____	\$ _____	_____	\$ _____
5'x15'	_____	\$ _____	_____	\$ _____
10'x10'	_____	\$ _____	_____	\$ _____
10'x12'	_____	\$ _____	_____	\$ _____
10'x15'	_____	\$ _____	_____	\$ _____
10'x20'	_____	\$ _____	_____	\$ _____
10'x25'	_____	\$ _____	_____	\$ _____
10'x30'	_____	\$ _____	_____	\$ _____
20'x20'	_____	\$ _____	_____	\$ _____
( )x( )	_____	\$ _____	_____	\$ _____
( )x( )	_____	\$ _____	_____	\$ _____
( )x( )	_____	\$ _____	_____	\$ _____

12. When was your last rental rate change? Please indicate average percentage of increase or decrease.
- | Last Change   | Increased % | Decreased % |
|---|-------------|-------------|
| <input type="checkbox"/> Less than 1 Year . . . . . | _____       | _____       |
| <input type="checkbox"/> 1 to 2 Years . . . . .     | _____       | _____       |
| <input type="checkbox"/> 3 Years or More . . . . .  | _____       | _____       |
| <input type="checkbox"/> No Rate Change             |             |             |

13. What type(s) of climate control is utilized at this facility? **(Check all that apply.)**

- Air Conditioning                       Dehumidifiers  
 Evaporative/Swamp Cooling             Humidifiers  
 Desiccant Dehumidification             Heaters

14. A. For the year ended 2006, please indicate overall income.

Potential Gross Income: \$ \_\_\_\_\_  
 Ancillary Income: \$ \_\_\_\_\_  
 Total Gross Income: \$ \_\_\_\_\_  
 Minus: Vacancy (\$ \_\_\_\_\_)  
 Minus: Concessions (\$ \_\_\_\_\_)  
**Effective Gross Income (collected):** \$ \_\_\_\_\_

14. B. For the year 2007, what portion of your facility's total income was spent on the following:

	Total:	Per Sq. Ft.	Percent:
Real Estate Taxes	\$ _____	_____SF	_____%
Insurance	\$ _____	_____SF	_____%
Repairs/Maintenance	\$ _____	_____SF	_____%
Administration	\$ _____	_____SF	_____%
On-Site Management	\$ _____	_____SF	_____%
Off-Site Management	\$ _____	_____SF	_____%
Utilities	\$ _____	_____SF	_____%
Advertising	\$ _____	_____SF	_____%
Other	\$ _____	_____SF	_____%
<b>Total Expenses:</b>	<b>\$ _____</b>		

15. A. Please indicate the approximate percentage of your customers who received discounted rental rates or move-in incentives over the past 12 months.

- 0 to 10 Percent  
 11 to 20 Percent  
 21 to 30 Percent  
 31 to 40 Percent  
 More than 40 Percent

B. Type of incentives used during the last 12 months. **(Check all that apply.)**

- Free Rent  
 Rental Truck  
 Discounted Rental Rates  
 Other \_\_\_\_\_

16. Estimate the percentage of people who rent space at this facility who are "repeat customers."

- Less than 10 Percent  
 11 to 20 Percent  
 21 to 30 Percent  
 31 to 40 Percent  
 More than 40 Percent

17. A. What was the physical occupancy at this facility?

April 2008 \_\_\_\_\_ Percent

17. B. What was the economic occupancy at this facility?

April 2008 \_\_\_\_\_ Percent

18. What are your facility's average quarterly occupancy rates?

	Physical	Economic
January–March	_____ %	_____ %
April–June	_____ %	_____ %
July–September	_____ %	_____ %
October–December	_____ %	_____ %

19. Approximately how many months did it take for this facility to reach 70% occupancy?

- Less than 6 Months  
 6 to 12 Months  
 13 to 18 Months  
 19 to 24 Months  
 More than 24 Months  
 Have Yet to Reach 70% Occupancy  
 Purchased Facility After Initial Lease Up

20. Does your facility offer? **(Check all that apply.)**

- Moving Truck Rentals  
 Ancillary Products For Re-sale to Customers (padlocks, boxes, tape, etc.)  
 Customer Storage Insurance  
 Shipping Services  
 Car Wash  
 Other \_\_\_\_\_

21. Indicate which advertising/promotional media you have used during the past 12 months. **(Check all that apply.)**

- Billboards                                       Signage  
 Direct Mail                                       Telephone Solicitation  
 Flyers     Television Commercial  
 Internet/Web Site                               Yellow Pages  
 Magazine                                         Referrals  
 Newspaper                                       Other \_\_\_\_\_  
 Radio     None

22. Is your facility automated (computerized) in the following areas? **(Check all that apply.)**

	Yes	No
Security	<input type="checkbox"/>	<input type="checkbox"/>
Accounting/Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>
Access Control	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>
Rent Payment (by credit card)	<input type="checkbox"/>	<input type="checkbox"/>
Kiosks	<input type="checkbox"/>	<input type="checkbox"/>

23. For which of the following business purposes do you use the Internet? **(Check all that apply.)**

- General Information  
 Marketing/Promotion/Advertising  
 Monitor Industry Trends and Competition  
 Customer Demographics  
 Unit Rentals/Reservations  
 Rent Payment  
 Ancillary Product Purchasing  
 None of the Above  
 Other \_\_\_\_\_

24. Approximately how many eviction/lien sales occurred at this facility during the last 12 months?

\_\_\_\_\_ Incidents

