



Tenant's unit(s) or space #(s)

10-DAY MOVE-OUT NOTICE FROM TENANT

TO: (Insert storage facility's name and mailing address
and any fax or email address below)

INTENT TO MOVE OUT. I wish to terminate the Self-Service Storage Rental Agreement on the space(s) referenced above. I will be moving out of my space on or before the date stated below. On the day of actual move-out, and after the contents of the space and my lock are removed (if the space is lockable), I will either notify the facility office or deliver, mail, or email written notice of my move out, so that Lessor may know for certain that I have moved out and so that Lessor can mail a refund check to my current address for any monies which are refundable. I agree to remove all items from the unit, including all contents and any debris, and leave the unit "broom clean." I agree that all items left behind after the date of move out noted below may be considered abandoned, and that I may be held responsible for all costs associated with the unit's clean-up and disposal of any items left behind.

10-DAYS NOTICE REQUIRED. In order to terminate the Rental Agreement, I understand I must give 10 days written notice.

REFUNDS. I hereby request that any refunds to which I am entitled be mailed to me at the address stated below. I understand that any refunds shall be in accordance with refund rules contained in the Rental Agreement (Paragraphs 9, 28 and 38).

THIS SECTION, AND UNIT/SPACE #S AT TOP RIGHT OF FORM, TO BE COMPLETED BY TENANT:

Date of Tenant's intended move-out

X

TENANT'S signature

Printed name of Tenant

Tenant's current mailing address

City, ST ZIP

(_____)_____
Tenant's current phone

Reason for move-out (check all that apply):

Moving away from area
Home construction finished
Student returning to school
Built/have own storage at home
Financial reasons/can't afford unit
Moving contents to another storage facility
Other:

Please rate the customer service we provided you:

Excellent Good Fair Poor

Rate the property's condition and maintenance:

Excellent Good Fair Poor

Would you recommend us to others? Yes No

Were there any incidents at the facility which caused you concern? If so, please describe below:

Comments for facility owner (use back if needed):

For Office Use Only:

Date received by Lessor

Lessor's representative who received notice