

VACATING NOTICE/RELEASE FORM

YOU MUST COMPLETE THE TOP HALF OF THIS FORM AND GIVE IT TO THE RENTAL OFFICE TEN (10) DAYS BEFORE THE DAY YOU INTEND TO VACATE YOUR STORAGE UNIT TO AVOID ANY ADDITIONAL CHARGES.

I will vacate unit# _____ on, or before (date) _____.

Customer Signature: _____ Date: _____

Received by: _____ Date: _____

To be released of any further responsibility, you must come into the office on the day you vacate and complete the remainder of this form. Pursuant to your rental/occupancy agreement you are responsible for all rent and charges that may accrue until you vacate. We suggest you coordinate your dates with the manager to avoid any surprises.

RELEASE

This is to advise anyone concerned that I/We have received from the self storage facility listed above, all goods, wares and merchandise, whether personal or business property, which I/We placed in or around the storage or premises leased under that certain Agreement dated _____, _____ 20____ in good condition and in consideration thereof, I/We release the self storage facility listed above and its employees or agents of all claims and demands of every nature and kind for any loss, damage, injury, expense or liability. I understand that after inspection of the unit I have vacated is proven satisfactory; I will receive within 30 days of this day, whatever portion of any security deposit (if applicable) is owed to me.

DATE: _____ UNIT # _____ SIGNATURE: _____

EMAIL: _____ PHONE NUMBER: _____

NEW ADDRESS: _____

Why did you choose to rent at this facility? _____

How can we improve? _____

What is your reason for leaving? _____

Would you recommend us to a friend or family member in need of storage? _____

Do you have any other questions, comments, or concerns? _____