



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