

ALL SAFE MINI STORAGE

101 GRANT ROAD, SEQUIM, WA 98382

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Web Site: www.allsafe-storage.com Email: customerservice@allsafe-storage.com

REQUIRED 10 DAY MOVE OUT FORM

TODAY'S DATE: _____

TO: ALL SAFE mini storage

I WILL MOVE OUT, COMPLETELY VACATE, AND RELINQUISH ALL INTEREST AND CONTROL OF STORAGE UNIT # _____ AT: (Circle 1)

Grant Road Grant North 2nd Avenue 3rd Avenue
Spruce Street Washington Place Brown Road Bell Street

BY (DATE OF FINAL MOVE OUT): _____

OCCUPANT'S PRINTED NAME: _____

OCCUPANT'S CURRENT MAILING ADDRESS: _____

OCCUPANT'S PHONE NUMBER: _____

REASON FOR MOVE OUT:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Down-Sizing | <input type="checkbox"/> Sold Home |
| <input type="checkbox"/> Moving Out of Area | <input type="checkbox"/> No Longer Needed | <input type="checkbox"/> Economy |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Other: _____ | |

Occupant agrees to remove all belongings and trash from unit and to sweep unit clean upon vacating. Occupant further agrees to notify ALL SAFE mini storage when unit is completely vacated.

OCCUPANT'S SIGNATURE: _____

OFFICE USE ONLY

Date entered into computer: _____

Employee's Initials: _____