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## ADDRESS CHANGE

Tenant Name \_\_\_\_\_ Storage Unit # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have an alternate mailing contact listed on your contract and need to update their mailing address please let us know.*

| OFFICE USE ONLY       |                    |
|-----------------------|--------------------|
| Effective Date:       | ____ / ____ / ____ |
| Monthly Rent:         | \$ _____           |
| Storage Rep Initials: | _____              |
| Facility:             | _____              |