



FACILITY _____

WRITTEN NOTICE TO VACATE

Storage Unit #: _____

**** NO PARTIAL MONTH REFUNDS ****

I hereby give U-Store Self Storage, written notice, as required on my rental agreement, that I have or will vacate the above indicated storage unit by said date of:

_____/_____/_____
(month) (day) (year)

By signing this form, I understand and agree, that all items **MUST** be removed from the premises of U-Store Self Storage to avoid a **minimum \$60.00 cleaning fee**. Any remaining items left on the premises after the vacate date indicated above may be removed and disposed of, and that U-Store Self Storage is hereby relieved of any liability for these said items. I understand if I prorate out and do not move out on or before the pro-rated date then I will be responsible for the entire month's rent including any applicable late and lockout fees. If you are signed up for **Automatic Payments**, your signature below will authorize the cancelling of these payments.

I agree to pay any balance due prior to vacating the storage unit.

Current Balance Owing: \$ _____

Prorated Unused Rent: - \$ _____

Total Remaining Balance: \$ _____

Tenant Name (print): _____

Tenant Signature: _____

Date: ____/____/____

Reason for Vacating:

☐ Moving

☐ No longer needed

☐ Financial \$

☐ Other: _____

Storage Representative Initial _____