



Store Name: _____
Address, City, State, ZIP: _____
Phone: _____

CHANGE OF TENANT CONTACT INFORMATION FORM

Submit this completed and signed form to your Storage Solutions store location to update your contact information.
Only the person named on the tenant rental agreement may change contact information.

Tenant Name: _____
MUST MATCH NAME ON RENTAL AGREEMENT. PLEASE PRINT.

Unit/Space Number: _____ Change Effective Date: _____
mm/dd/yyyy

NEW TENANT INFORMATION – *Please supply all contact information.*

Mailing Address: _____
City, State, ZIP _____
Phone: _____ Mobile Phone: _____
E-Mail Address: _____

Tenant Signature: _____
MUST MATCH NAME ABOVE AND ON RENTAL AGREEMENT.

OFFICE USE: *Verify and enter info to payment system. Make activity notations to account.*

Change Reviewed & Accepted By: _____ Date Received: _____ Date Entered: _____

BE SURE TO INCLUDE A COPY OF THIS FORM TO THE TENANT'S PAPER FILE.

SS Change of Tenant Info Form BLANK 101223.doc | ADM