



NOTICE OF VACATING & REQUIREMENTS

I, _____ being Occupant of Space No. _____
Occupant Name: First MI Last Vacating Space Number

Hereby give notice of vacating such space as of _____
Month Day Year

I will:

1. Give written notice (this form) to vacate at least ten (10) days prior to my move-out date.
2. Pay all rent and any additional charges owed at the time of vacating.
 - a. **If a balance is owed, the balance must be paid in cash prior to vacating.**
 - b. **We DO NOT issue refunds of partial rent. If you have paid for a full month's rent, you are welcome to stay until the end of your paid rental period. If you choose to vacate earlier, you are not entitled to a refund.**

This does not apply to any remaining full months which have been paid through our long-term prepayment programs, or when transferring to a new space with us, nor to refund of space deposit when the space is left in satisfactory condition.
3. Leave the space in "broom clean" condition: undamaged, and completely empty (no trash or debris).
4. Vacate the space no later than the close of office business hours on the last paid thru date of my RENTAL AGREEMENT. Occupant MUST notify the manager the day of vacating. *Remember to remove and take your lock.*
5. Agree that if I have not vacated by my paid-through date I am liable for an additional month's rent, which I must pay in advance and continue to pay in advance each and every month thereafter.

I do hereby release all rights (at move out) to the property known as Space No. _____
Vacating Space Number

at Storage Solutions - _____
Address, City, State, ZIP: _____

Future Correspondence: I would like any future correspondence to be mailed to this address:

Address (Street or P.O. Box) City State ZIP Code

Occupant's Signature Phone Number (xxx) xxx-xxxx Date of Notice (mm/dd/yy)

OFFICE USE ONLY	Reason for Move-Out:	<input type="checkbox"/> Eliminated need	<input type="checkbox"/> Amenities	<input type="checkbox"/> Pricing	<input type="checkbox"/> Service
		<input type="checkbox"/> Moving out of area	<input type="checkbox"/> Availability	<input type="checkbox"/> Location	<input type="checkbox"/> Hours
	Note:	_____			
<input type="checkbox"/> Space Examined, Verified	<input type="checkbox"/> Problems/Damagee	_____		<input type="checkbox"/> Auto-Pay Disabled	
Actual Vacate Date:	_____	Original Deposit (if any):	\$	_____	
Processed by:	_____	Balance to Refund (if any):	\$	_____	