



Waco	920 Wooded Acres
Waco	701 W Loop 340
Waco	3501 Flat Rock Rd.
Waco	400 TX Central Pkwy
Waco	501 Hewitt Dr.

## TENANT INFORMATION CHANGE FORM

*Form must be signed, dated and delivered to office before any changes to rental agreement will be made.*

Tenant's Name: \_\_\_\_\_ Unit Number(s): \_\_\_\_\_ Date of Changes: \_\_\_/\_\_\_/\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ (Required)

\*\*\*\*\*

### ADDRESS, PHONE, EMAIL & NAME CHANGES

Old Address: \_\_\_\_\_ New Address: \_\_\_\_\_

New Phone Numbers: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Old Email Address: \_\_\_\_\_ New Email Address: \_\_\_\_\_

Legal Name Change (attach copies of legal documentation as proof of name change)

Old Legal Name: \_\_\_\_\_ New Legal Name: \_\_\_\_\_

\*\*\*\*\*

### AUTHORIZED ACCESS & EMERGENCY CONTACT CHANGES

**Please ADD the following person(s) to have ACCESS RIGHTS per Rental Agreement:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Please DELETE the following person(s) from having ACCESS RIGHTS per Rental Agreement:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Please ADD the following person(s) to my EMERGENCY CONTACTS per Rental Agreement:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Please DELETE the following person(s) from my EMERGENCY CONTACTS per Rental Agreement:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

*As Tenant, I am requesting that Aaron's Self Storage make the above changes in their records regarding my Self Storage Rental Agreement. I understand that the Rental Agreement requires me to notify management in writing if there is a change in my name, address, email, telephone number, authorized access person(s), emergency contact person(s), or other tenant information. As Tenant, I understand that I must fill out this form accurately and give it to the storage facility manager immediately when any of these changes occur.*

Tenant's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_