



40 Taylor Cutoff Road, Sequim, WA 98382

Phone (360) 683-3000

Fax (360) 680-1699

SequimSelfStorage.com

INTENT TO VACATE

Sequim Self Storage, Inc requires a minimum of ten (10) days notice of your intent to vacate as required by your Lease Agreement. If the office is not open, please drop this notice into our mail box or fax it to (360) 680-1699.

REMINDERS:

1. Your account must be current with no outstanding balance prior to vacating.
2. You will be charged rent up to and **including** the day you vacate.
3. Please complete a Change of Information Form if your address is to change. (Only for Refunds Due)
4. Please leave the unit completely clean, unit must be swept and wiped of any spills, leaving nothing behind.
* (A Cleaning Fee will be charged if not clean or empty).
5. Please remove your lock and take it with you.
6. All prorated rents and security deposits will be issued on the debit or credit card that we have on file.
7. Packing or moving supplies are available at reasonable prices to accommodate your needs.
8. If your plans change after delivery of this notice, please inform us at once so we can allow you to continue renting your unit.
9. If you choose to mail this completed form, please call us to verify we received it.

Please complete the section below to initiate your intent to vacate.

Attention: Sequim Self Storage, Inc

This is to inform you that I, _____, the tenant on record for
PRINT NAME

Building: _____ **Unit #:** _____ will vacate effective the _____ day of _____, 20_____.

Reason for Moving Out: _____

Date: _____ **Tenant Signature:** _____

Thank you for your business. We hope to be able to serve you again in the future and will do everything to ensure you the best possible experience.

STAFF TO COMPLETE UPON RECEIPT

Date Received: _____ **Received Via:** _____ **In-Person by Tenant**
_____ **Emailed**

Management Accepted By: _____ **Date Accepted/Rejected:** _____

Entered into Computer By: _____ **Date Entered:** _____

Comments: _____