



40 Taylor Cutoff Road, Sequim, WA 98382 Phone (360) 683-3000 Fax (360) 680-1699
SequimSelfStorage.com

TRANSFER NAME OF TENANT

Please complete the section below to initiate your intent to transfer unit to another party.

I, _____, release my storage unit #, _____, located at Sequim Self
Storage, Inc to, _____, effective on _____. As of this
date, any and all rent payment including late charges, if applicable, will be paid in full.

PRINT NAME

Bldg. & Unit

New Address of Responsible Party for the above referenced unit(s) as indicated above.

Street Address		Apt/Unit/Space	
City	State	Zip	

NOTE:

1. This form must be signed in person at Sequim Self Storage, Inc.
2. No discount/promotion will apply to this unit after this transfer.
3. A New Tenant Information Form must be completed and a New Contract must be done in the name of the responsible party herein noted. A photocopy of a driver's license is required from both parties.
4. **Joint Financial Liability – While this document is transferring a storage unit into another person's name, it does NOT remove the Financial Liability from the Original Tenant should the new responsible party (Tenant) fail to make any contractual required payments to our facility. We reserve the right to obtain any monies owed to our facility from either party noted on this document.**

Signature of Current Tenant on **releasing** *unit/contract
(*NO RELEASE OF FINANCIAL LIABILITY)

Signature of New Tenant to be **responsible** unit/contract

STAFF TO COMPLETE UPON RECEIPT

Date Received: _____ Received Via: _____ In-Person by Tenant
Invalid Delivery

Witnessed by: _____

Management Accepted By: _____ Date Accepted/Rejected: _____

Entered into Computer By: _____ Date Entered: _____

*This form is to be retained in the Tenant Storage Unit File.