ARBAUGH MINI STORAGE

CHANGE OF ADDRESS FORM

If you have had a change of address or phone number, we need <u>written</u> notification for our files to complete the change of address or phone number. This must be sent to our Facility via certified mail return receipt requested to the Office Address, or via a nationally recognized overnight carrier with signature confirmation; via Owner's secure website; on a form prescribed by Owner, of any change in Occupant's address or of intent to vacate at the end of the Term on a form prescribed by Owner, of any change in Occupant's address or of intent to vacate at the end of the term. Call us at (330) 821-8008 to make arrangements to deliver this notice to us at our office at the Facility or if you have questions.

Name:			Space #:	
Old Address:				
City:	Sta	te:	_ Zip:	
New Address:				
City:	Sta	ite:	_ Zip:	
New Phone #:		As of Date:		
Email Address: As of Date:				
	to whom Owner can support (If no one, write	,	eluding default notice	es) if Owner
Name	Address	City	State	Zip
Telephone No.	Cell Phone No.		Email	
Occupant Signatur	re:			
Please return as so	on as possible.			
Thank You!				