

# Intent to Vacate Form

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Please complete this form at least **10 days prior** to your move-out date.

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Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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Facility Name \_\_\_\_\_ Unit # \_\_\_\_\_

I hereby give my 10-day notice, that I will vacate my storage unit on, \_\_\_\_\_  
Date

Per our agreement, I will remove my lock and leave the unit clean. If I am enrolled in the automatic credit card billing service, I understand it is my responsibility to re-activate the service if I do not vacate by the date provided.

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Signature \_\_\_\_\_ Date \_\_\_\_\_