



A-1 SELF STORAGE CHANGE OF ADDRESS

Please fill out the following form and return to A-1 Self Storage.

DATE: _____ UNIT NUMBER: _____

NAME: _____

NEW ADDRESS: _____

PHONE NUMBER: _____

WORK NUMBER: _____

D.L. NUMBER: _____

I.D. NUMBER: _____

TENANT(S) SIGNATURE

EMPLOYEE SIGNATURE

- or -

AUTHORIZED SIGNATURE

MAKE COPY OF I.D. OR D.L.