

### 10-DAY MOVE-OUT NOTICE FROM TENANT

TO:

(Insert storage facility's name and mailing address below)

<b>Mailing Address:</b>	<b>Physical Address:</b>
Arlington South Self Storage	Same as Mailing Address
1000 W. Harris Rd.	
Arlington, TX 76001	
Arlingtonstorage@tx.twcbc.com	

**INTENT TO MOVE OUT.** I wish to terminate the Self-Service Storage Rental Agreement on the space(s) referenced above. I will be moving out of my space on or before the date stated below. On the day of actual move-out, and after the contents of the space and my lock are removed (if the space is lockable), I will either notify the facility office or deliver or mail written notice of my move-out, so that Lessor may know for certain that I have moved out and so that Lessor can mail a refund check to my current address for any monies which are refundable. I agree to remove all items from the unit, including all contents and any debris, and leave the unit "broom clean." I agree that all items left behind after the date of move out noted below may be considered abandoned, and that I may be held responsible for all costs associated with the unit's clean-up and disposal of any items left behind.

**10-DAYS NOTICE REQUIRED.** In order to terminate the Rental Agreement, I understand I must give 10 days written notice.

**REFUNDS.** I hereby request that any refunds to which I am entitled be mailed to me at the address stated below. I understand that any refunds shall be in accordance with refund rules contained in the Rental Agreement (Paragraphs 9, 28 and 38).

**This section to be completed by Tenant.**

\_\_\_\_\_  
Date of Tenant's intended move-out

**X**

\_\_\_\_\_  
**TENANT'S signature**

\_\_\_\_\_  
Printed name of Tenant

\_\_\_\_\_  
Tenant's current mailing address

\_\_\_\_\_  
City, ST ZIP

\_\_\_\_\_  
Tenant's current phone

**Reason for move-out (check all that apply):**

- Moving away from area
- Home construction finished
- Student returning to school
- Built/have own storage at home
- Financial reasons/can't afford unit
- Moving contents to another storage facility
- Other: \_\_\_\_\_

**Please rate the customer service we provided you:**

- Excellent    Good    Fair    Poor

**Rate the property's condition and maintenance:**

- Excellent    Good    Fair    Poor

**Would you recommend us to others?**    Yes    No

**Were there any incidents at the facility which caused you concern? If so, please describe below:**

**Comments for facility owner (use back if needed):**

\_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:**

\_\_\_\_\_  
Date received by Lessor

\_\_\_\_\_  
Lessor's representative who received notice