

ALL SAFE MINI STORAGE

101 GRANT ROAD, SEQUIM, WA 98382

PHONE: (360) 683-6646 FAX: (360) 681-2070

Web Site: www.allsafe-storage.com Email: info@allsafe-storage.com

TRANSFER NAME OF OCCUPANT

I, _____ release my storage unit # _____

Located at *ALL SAFE* mini storage 101 Grant Road Sequim, WA 98382,

to _____ effective _____.

As of this date any and all rent payments including late charges, are the sole responsibility of the new occupant.

Note: A photocopy of I.D. is required from both parties.

Old Occupant

Name: _____

Address: _____

Phone: _____

Signature: _____

New Occupant

Name: _____

Address: _____

Phone: _____

Signature: _____

Witnessed By: _____ Date: _____

(ALL SAFE mini storage Manager / Storage Consultant)