

MULTI-PURPOSE FORM

NAME: _____

UNIT #: _____

INTENT TO VACATE

I plan to vacate my space on: _____ (Date)
I will leave it clean and empty as per my contract.

VACATED SPACE

I have vacated my storage space on: _____ (Date)
I have left it clean and empty.

CHANGE OF ADDRESS AND/OR PHONE

Phone: (____) _____

Street: _____

City: _____ State: _____ Zip: _____

LOCK REMOVAL RELEASE: (Lessee or Access Person Only)

I authorize you to remove my lock in my presence.
I agree to pay a \$5.00 fee for this service.
Manager has verified my identification. _____ (Manager to initial)

GENERAL - INCIDENT INFORMATION

Time: _____ Date: _____

Use Back Side for Additional Space

X

(Signature of Lessee or Access Person)

(Date)

INCIDENT REPORT

DATE _____ TIME _____ PROJECT _____

BREAK-IN ACCIDENT MAINTENANCE OTHER

SPACE # _____ BUILDING # _____

DESCRIPTION OF WHAT HAS OCCURRED:

ACTION TAKEN:

WHAT IS STILL TO BE DONE:

Reporting Person's Signature

Date

Manager's Signature

Date

Supervisor's Signature

Date