

# 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:

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## ACTION TAKEN:

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## WHAT IS STILL TO BE DONE:

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\_\_\_\_\_  
Reporting Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date