



40 Taylor Cutoff Road, Sequim WA 98382

Phone (360)683-3000

Fax (360)680-1699

SequimSelfStorage.com

TRANSFER NAME OF TENANT

Please complete the section below to initiate your intent to transfer unit to another party.

I, _____, release my storage unit #, _____, located at Sequim Self Storage, Inc to, _____, effective on _____. As of this date, any and all rent payment including late charges, if applicable, will be paid in full.

PRINT NAME

Bldg. & Unit

New Address of Responsible Party for the above referenced unit(s) as indicated above.

Street Address		Apt/Unit/Space
City	State	Zip

NOTE:

1. This form must be signed in person at Sequim Self Storage, Inc.
2. No discount/promotion will apply to this unit after this transfer.
3. A New Tenant Information Form must be completed and a New Contract must be done in the name of the responsible party herein noted. A photocopy of a driver's license is required from both parties.
4. **Joint Financial Liability – While this document is transferring a storage unit into another person's name, it does NOT remove the Financial Liability from the Original Tenant should the new responsible party (Tenant) fail to make any contractual required payments to our facility. We reserve the right to obtain any monies owed to our facility from either party noted on this document.**

Signature of Current Tenant on releasing *unit/contract
(*NO RELEASE OF FINANCIAL LIABILITY)

Signature of New Tenant to be responsible unit/contract

STAFF TO COMPLETE UPON RECEIPT

Date Received _____

Received Via: _____ In-Person by Tenant
_____ Invalid Delivery

Witnessed by _____

Management Accepted By _____

Date Accepted/Rejected _____

Entered into Computer By _____

Date Entered _____

*This form is to be retained in the Tenant Storage Unit File.