

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

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

Mailing Address:	Physical Address:
Frontier Self Storage Center,	Frontier Self Storage Cntr Inc
P.O. Box 1179	17560 US Highway 87 W
La Vernia, TX 78121	Adkins, TX 78101
info@frontierstorage.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