

INTENT TO VACATE 10-DAY NOTICE

NAME: _____ UNIT# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ *****I will vacate the above unit by this date:** _____

I will remove **all property** from the unit (**and our facility grounds**) and leave it in a clean and sanitary condition. I understand that to do otherwise may result in a cleaning fee. My lease will terminate on the above date or prior. I understand there will be no refunds or proration of rent for the current rental period. If the unit is found unlocked and empty, it will be considered abandoned, understood that you have vacated the unit, and prepared for re-renting.

SIGN HERE ➡ Tenant Signature: _____ Date: _____

CUSTOMER EVALUATION

REASON FOR LEAVING

___ Closing Business

___ Consolidating Units

___ Moving

___ No Longer Need

___ Renting Elsewhere

___ Too Expensive

Other _____ WOULD YOU RENT AGAIN? ___ yes ___ no

PLEASE RATE US IN THE FOLLOWING AREAS: (1 as the lowest and 5 as the highest)

Cleanliness 1 2 3 4 5

Safety 1 2 3 4 5

Price 1 2 3 4 5

Staff 1 2 3 4 5

Service Provided 1 2 3 4 5

_____ FOR OFFICE USE ONLY _____

Date Entered in SiteLink/Initial _____ Date Autopay Disabled/Initial _____

Full Month's Pre-paid Rent From _____ To _____ Amount \$ _____

Attach copy of tenant ledger and notes to request

Manager's/Agent's Signature _____