

**Des Moines Way Self Storage**

**14460 Des Moines Memorial Dr.**

**Sea-Tac, WA 98168**

**(206) 244-3011**

**TENANT INFORMATION CHANGE AND/OR  
NOTICE TO VACATE**

PLEASE FILL-IN ONLY INFORMATION WHICH HAS CHANGED

**NAME:** \_\_\_\_\_ **UNIT NUMBER:** \_\_\_\_\_  
(PLEASE PRINT)

**NEW TENANT INFORMATION:**

**NEW ALTERNATE INFORMATION:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
**TENANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**NOTICE TO VACATE UNIT**

20 DAY WRITTEN NOTICE TO VACATE UNIT OR SPACE NUMBER \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_

DATE TO VACATE: \_\_\_\_\_

\_\_\_\_\_  
**TENANT NAME (PLEASE PRINT)**

\_\_\_\_\_  
**TENANT SIGNATURE**

