SECURITY PUBLIC STORAGE

ACCOUNT CHANGES

Please select the change(s) you want to make. You can fill out this form online then print it out, or you can print out the blank form and fill in by hand. Please submit the signed form in person, by fax, by mail, or email a scan of it.

NAME	UNIT NUMBER(S)	SPS FACILITY (CITY/STREET)	DATE

PLAN TO MOVE OUT

I plan to vacate the unit(s) listed above on the following date: _____ | EMPLOYEE USE ONLY: $ Paid _____ Method _____

ALREADY MOVED OUT

I vacated the unit(s) listed above as of: _____ . I understand that, as per my Rental Agreement, there are no prorated refunds.

ADDRESS / CONTACT CHANGE

I request my address be changed to the following. I request this new address be made my Address of Record for all notices and contacts under my Rental Agreement with Security Public Storage.

_____   _____
NAME   EMAIL

_____   _____
STREET ADDRESS   CITY   STATE   ZIP

(____) _____   (____) _____   (____) _____
HOME PHONE   WORK PHONE   CELL PHONE

ALTERNATE ADDRESS / CONTACT CHANGE

I request the Alternate address on my Rental Agreement be changed to the following. I request this new address be made my secondary Address of Record for all notices and contacts under my Rental Agreement with Security Public Storage.

_____   _____
NAME   EMAIL

_____   _____
STREET ADDRESS   CITY   STATE   ZIP

(____) _____   (____) _____   (____) _____
HOME PHONE   WORK PHONE   CELL PHONE

PERMISSION TO REMOVE LOCK

I hereby authorize Security Public Storage to remove my lock from the unit(s) listed above, in my presence, and I release them from all liability for such action. I understand this will destroy my lock and I agree to hold Security Public Storage harmless for the cost of replacing the lock. I understand that a fee may apply for this service and that I am responsible for replacing the cut lock with a secure, functioning lock before leaving the property today.

GATE CODE CHANGE REQUEST

I request the gate code for the unit(s) listed above be changed to: _____ _____ _____ _____ _____ _____ _____ _____

STOP AUTOMATIC PAYMENTS

I request that the automatic payments from my credit/debit card or checking/savings account for the unit(s) listed above be cancelled. I will make other arrangements for future payments.

_____   _____
AUTHORIZING SIGNATURE   DATE

_____   _____
SPS EMPLOYEE WHO VERIFIED IDENTIFICATION   DATE

rev 1/20/15