

Unit or space no. _____

**CHANGE OF ADDRESS,
TELEPHONE, OR OTHER TENANT INFORMATION**

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

| | |
|---|---|
| Mailing Address: Eagle Self Storage 2427 W. Adams Ave. Temple, TX 76504 manager@eagleselfstorage.net | Physical Address: Same as Mailing Address |
|---|---|

Please make the following changes in your records regarding my Self Storage Rental Agreement. I understand that the Rental Agreement requires me to notify management in writing if there is a change in my name, address, telephone number, emergency contact person, or other tenant information. As Tenant, I understand that it is very important that I fill out this form and give it or mail it to the storage facility manager when any of those changes occur.

Tenant's name (please print) _____

Storage Space No. _____

Tenant's old address (City/State/ZIP Code) _____

Tenant's new address (City/State/ZIP Code) _____

My new address will be in effect upon receipt by Lessor unless a later date is inserted here: _____

I wish to change my phone number(s) to: (_____) _____ at home and (_____) _____ at work.

IMPORTANT NOTE: For the following changes, written agreement by the facility is required, and agreement is at the facility's discretion, as these changes represent amendments to the rental agreement. These changes are NOT EFFECTIVE until the facility agrees in writing to the changes. It is the tenant's responsibility to follow up with the facility to obtain written agreement from the facility.

I wish to ADD the following person(s) who may have access to the space: _____
Driver's license number(s) of such person(s): _____

I wish to DELETE the following person who I listed on the Rental Agreement as having access rights but who I no longer wish to have access to the space: _____
(a person listed as a co-tenant on the Rental Agreement cannot be deleted except by consent of all co-tenants)

I wish to ADD the following person as a new emergency contact person under the Rental Agreement:

List name and address (City/State/ZIP Code)

Date mailed to Lessor _____ X _____
TENANT'S Signature

For Office Use Only:

Date received by Lessor

Lessor's representative who received notice