Maximum Mini Storage- Move-out Release Form

YOU MUST TURN THIS IN WHEN YOU VACATE YOUR SPACE

Date:			Space #:		
To wh	om it may cond	cern:			
I ackn	owledge and ag	gree to the following:			
1.	I have vacated the space referenced above and return possession to you.				
2.	I understand that I am obligated to do all of the following: (i) clean the Space; (ii) remove all items from the Space and the Facility; (iii) not use the Facility's Dumpsters; (iv) sweep floor of Space; (v) repair any damage to walls; and (vi) remove all locks.				
3.	I understand that if I damaged the unit or failed to perform the duties in Item 2, I will be liable for additional sums.				
4.	If I left anything in the unit, the Facility may dispose of any items in any manner they see fit and at the sole discretion of the Facility.				
5.	In accordance with the Rental Agreement Addendum, I understand that any prepaid rent will nobe refunded.			hat any prepaid rent will not	
6.	6. I understand that I am responsible for rent on my Soccur:		on my Space until the late	er of the following events	
		inimum length of the Lease T ment has expired;	erm described in the Self	Service Storage Rental	
		st day of the month that I actu he Space and removed my loc	· ·	mpletely, remove all items	
	vacate	ate I notify the Facility's officed the Space. I understand that smed to be given on the next be	written notices received	after the office closes shall	
7.	7. I release and discharge the facility, its owners, agents, employees, successor all and any manner of liability, including, without limitation, claims, demand damages, costs, expenses, and any consequential damages that I, my heirs, arising directly or indirectly from my leasing the Space or the disposal of my			demands, causes of action, heirs, or assigns may have	
	Tenant's Sign	ature	Ī	Date	
	Print Name				
	Forwarding Address:				
	Address				
	City / State / Zip	·			

Phone Number