

CASCADE SELF STORAGE

CHANGE OF ADDRESS FORM

If you have had a change of address or phone number, we need written notification for our files to complete the change of address or phone number. This must be sent to our Facility via certified mail return receipt requested to the Office Address or via a nationally recognized overnight carrier with signature confirmation; in person at the Facility Office during business hours; via Owner’s website; or via the App; on a form prescribed by Owner, of any change in Occupant’s address or of intent to vacate at the end of the Term. Call us at 541.772.6060 to make arrangements to deliver this notice to us in person if needed, or if you have questions.

Name: _____ Storage Space #: _____

Old Address: _____

City: _____ State: _____ Zip: _____

New Address: _____

City: _____ State: _____ Zip: _____

New Phone #: _____ As of Date: _____

Email Address: _____ As of Date: _____

Change of Alternate Contact:

Alternate Person to whom Owner can send notices (including default notices) if Owner cannot reach Occupant (If no one, write “none”):

Name Address City State Zip

Telephone No. Cell Phone No. Email

I intend to vacate the Storage Space on _____ (Date).

My forwarding address is _____.

Occupant Signature: _____

Please return as soon as possible.

Thank You!