

**Weekender RV Storage**  
**1745 Schurman Way**  
**Woodland, WA 98674**  
**(360) 841-8594**  
**cascadeweekender@hcamgmt.com**

**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 (Portal); or via the App; on a form prescribed by Owner, of any change in Occupant's address, email address or of intent to vacate at the end of the Term. Call us at (360) 841-8594 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's Signature: \_\_\_\_\_.

Please return as soon as possible.

Thank You!