Manhattan Mini Storage

Customer Change of Address Form

Customer Name on Occupancy Agreement: _____

Storage Unit Number: _____ _____ _____ _____ Account Number: _____
Loc Floor Aisle Room

Date: _____ _____ _____
Month Day Year

Change of Address:

Street: _____ Apt/Fl: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Primary Phone: _____ Alt Phone: _____

Email Address(Optional): _____

_____ _____ _____ _____ (Effective Date)
Signature Month Day Year

The signature must be the party who signed the original occupancy agreement.
For business customers, an officer's signature is required.

_____
(Name/Title for Business Customers)

Mail/Fax the completed form to the address given below.

Changes will not be effective until acknowledged in writing by Manhattan Mini Storage. Unless customer clearly indicates otherwise, this change of address will only be effective for the storage unit(s) listed above.