

STORAGE UNIT VACATE FORM

Address of Storage Unit: _____

Tenant: _____

Postal Address of Tenant: _____

Date Vacating: _____

(Must be at least 14 days)

Current Phone Number: _____

Should there be a holding deposit refundable, please enter your bank account details below.

Account Name: _____

BSB: _____

Account Number: _____

Signed: _____

Date: _____