

Storage unit Number: _____

NOTICE OF INTENT TO VACATE STORAGE UNIT
(14 Day Written Notice Required)

I hereby give notice that I will vacate the storage unit listed above by 5:00 pm on _____.

I agree to remove the padlock and all of my property from the space and to leave the storage unit broom clean and damage free. In the event this is not done, I understand I will be responsible for all monthly rent and other charges assessed plus a lock removal fee (\$150.00), repair and/or cleaning charges (\$75.00) until the padlock is removed. I understand that should I fail to vacate the unit by the above date, I will be responsible for additional monthly rent. I understand that, upon vacating, the padlock is mine to keep and must be removed.

Per the terms of the lease agreement, I understand that I will be responsible to pay a lease break fee, equal to one month's rent, if I do not provide a 14 day written notice to vacate (via either email, fax, or postal mail).

I understand that I will receive a confirmation from APT Storage that notice has been received. **I understand it is my responsibility to make sure APT Storage receives my Notice to Vacate.**

Occupant Name

Date

Occupant Signature

Occupant Address

Occupant Phone Number

Occupant Email Address

Please email, fax, or postal mail this notice to: APT Storage, P.O. Box 767, Haymarket, VA 20168
Fax: (571) 261-4244 Email: accounts@APTStorage.com

THANK YOU FOR YOUR BUSINESS!! Please help us better serve all of our customers in the future by answering the following:

Reason for vacating storage unit:

- Moving from the apartment community
- Moving to an off-site storage facility
- Selling/discarding stored belongings
- Dissatisfied with APT Storage
- Other: _____

Would you rent from us again: Yes No

Please Explain:

