



## Vacate Notice

Please print this form and complete all requested information.

Return the completed form by mail, fax, or deliver to the address below.

BARGOLD Storage Systems, LLC  
 41-41 38<sup>th</sup> Street  
 LIC, NY 11101

Questions?  
 Call 212-BARGOLD  
 or 718-BARGOLD

Forwarding Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Storage Space # \_\_\_\_\_

Monthly Rent \_\_\_\_\_

Date Vacating \_\_\_\_\_

(Note: You must give Bargold a minimum of 30days notice of your intent to vacate)

Reason For Vacating \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Building Address \_\_\_\_\_

Current Phone # \_\_\_\_\_

Current Work/Cell Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

Note: In order to ensure that you do not incur any additional charges, you must mail your storage room key to Bargold when you vacate the storage space.

As per my Occupancy Agreement, please be advised that my unit will be vacated by the above date. I understand that any personal property not removed by the above date will be disposed of at my expense.

\_\_\_\_\_  
 Occupant Signature

FOR OFFICE USE ONLY: Vacate Receipt Received By: \_\_\_\_\_ Date \_\_\_\_\_

NOTE: After the 15th verify billing