SIMI STORAGE INVESTMENT MANAGEMENT, INC.

CHANGE OF ADDRESS INFORMATION

Name _____

Unit No(s) _____

Date _____

Property Location

Please be advised that my address/contact information has changed. I request the storage operator to update their records effective on this date.

Occupant Signature _____

OLD INFORMATION	**NEW INFORMATION**
ADDRESS _____	ADDRESS _____
CITY, STATE_____	CITY, STATE _____
ZIP CODE_ _____	ZIP CODE _____
HOME PHONE (____) _____	HOME PHONE (___)_____
CELL PHONE (____) _____	CELL PHONE (____) _____
WORK PHONE (____) _____	WORK PHONE (____) _____
EXTENSION _____	EXTENSION _____
E-MAIL _____	E-MAIL _____
EMPLOYER _____	EMPLOYER _____

CHANGE ALTERNATE CONTACT INFORMATION

OLD INFORMATION	**NEW INFORMATION**
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE_____	CITY, STATE_____
ZIP CODE __ _____	ZIP CODE _____
HOME PHONE (____)_____	HOME PHONE (____)_____
CELL PHONE (____) _____	CELL PHONE (____) _____

CHANGE ENTERED BY _____ DATE _____

CONFIRMATION LETTER MAILED TO NEW ADDRESS BY _____ DATE_____