



P.O. BOX 1251
MEAD, WA 99021

11515 N. MARKET
509-467-MINI (6464)

Transfer of Responsibility

I, _____, tenant of unit# _____ located on the property of Mead Mini Storage; do hereby authorize the transfer of all liability of my unit, lease and associated responsibilities to

_____.

I understand that the liabilities contained within my contract cannot be terminated until a new lease has been completed in its entirety and has been signed by the above named individual and an agent of Mead Mini Storage.

Future Tenant Information

Name: _____

Address: _____

Phone Number: _____

Current Tenant Signature

Date

Lyons Self Storage Agent

Date