



## Vacate Notice

Please print this form and complete  
All requested information.

Return the completed form by Email,  
Fax, or send to the address  
Below:

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

Questions?  
Please call us at:  
718-247-7000

If moving please provide forwarding Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Storage Unit # \_\_\_\_\_

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

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

(Note: You must give Bargold a minimum of 30 days' notice of  
your intent to vacate and vacate by the last day of the calendar  
month\*)

Reason for Vacating: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

Amount of Keys Given (if applicable): \_\_\_\_\_

Email \_\_\_\_\_

**Note: In order to ensure that you do not incur any additional charges, you must leave the unit unlocked and empty and mail your storage room key to Bargold when you vacate the storage unit. We recommend you mail the key certified mail to avoid a \$75 key charge.**

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.

\*Any unused credits in your account will be reimbursed through ACH to the bank account on record.

\*Failure to vacate by the last day of the calendar month will incur additional charges.

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

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

NOTE: After the 15th verify billing