TWIN VIEW STORAGE

797 Twin View Blvd Redding, CA 96003 530-242-0200 www.TwinViewStorage.com

15 DAY NOTICE TO VACATE

Today's Date							
Tenant Name:					Unit #:		
Reason for Vacating							
vacating. If you	agrees to give Landlord do not vacate by the firs lid when you vacate a u	st day of the m					
View Blvd; I, th last day of my p rent charges aga the unit is fully v	e to the undersigned, a e undersigned, hereby aid month. I understar ain for the next month, acant and returned to dditional charges if not	notify Twin \ nd that if I still that I will be lia Twin View Stor	/iew Stora I have prop able for su	ge, I will v perty in the ch rent (an	acate 1 e unit a d Late I	the above fter that Fees if ap	e unit by t date, and i plicable) ur
Expected Vacancy	y Date		Next Rer	nt Due Date			
Tenant's E-Mail Address			Phone Nun	nber			
Tenant's Signatu	ıre						
We value your b	usiness and are interest	ed in hearing o	f your rent	tal experien	ce:		
			Poor	(CHEC	CK BOX)	Ехс	ellent
Overall satisfaction with your rental experience:			_ 1	_ 2	3	4	<u> </u>
Cleanliness of your unit when you moved in:		_ 1	_ 2	□ 3	4	_ 5	
Cleanliness of the office, driveways, & property:			_ 1	<u> </u>	□ 3	_ 4	<u> </u>
Managers were helpful, friendly and courteous:			<u> </u>	_ 2	□ 3	4	<u> </u>
Would you recor	mmend us to friends an	d family:	☐ Yes	s □ No			
Please give us an additional comments or suggestions.	у						

RETURN FORM:

To our Office and/or place through office mail slot. Scan and Email: twinview@reddingstorage.com Mail to: 797 Twin View Blvd, Redding CA 96003

Thank you for storing with us. We look forward to assisting with your storage needs in the future.