



# Newport Mini Storage Center, LLC

257 Connell Hwy Newport, RI 02840 (401)849-5691 [manager@newportministorage.com](mailto:manager@newportministorage.com)

## NOTICE TO TERMINATE LEASE

To terminate your lease, please complete, sign and date Section I. of this form and return it to the Manager. On your last day, please stop by the office to complete your paperwork and check-out.

### I. OCCUPANT INFORMATION

1. Occupant Name: \_\_\_\_\_
2. Unit Number: \_\_\_\_\_
3. Date of Termination: \_\_\_\_\_
4. Reason for Leaving: \_\_\_\_\_
5. Is Your Rent Paid By Automatic Credit Card Charge?:                      Yes      No
6. Is Your Rent Paid By Automatic Bank Check?:                              Yes      No
7. Address to send your refundable Security Deposit to:

\_\_\_\_\_

I, the above named Occupant, do hereby give Newport Mini Storage notice that I plan to terminate my lease of the above identified Unit as of the above given termination date. As agreed to in the Rental Agreement, I understand that this notice must be given at least 10 days prior to the end of any month of my tenancy. I also understand that I must remove all property, trash and debris from the Unit and the Property, remove my lock from the Unit and sign-out at the office on or before the last day of the month stated in this notice. If I fail to perform any or all of these steps, I understand I may be responsible for all Monthly Rent and any other fees that may accrue thereafter.

Occupant Signature At Time Of Notice: \_\_\_\_\_ Date: \_\_\_\_\_

Occupant Signature At Time Of Move-Out: \_\_\_\_\_ Date: \_\_\_\_\_