



Customer Name:

Customer ID:

Fax #

DTD Fax # 253-518-2040.....Site:.....

Please either (1) fax this form to the Door To Door Storage, Inc.® fax number above, or (2) mail it to:

Door To Door Storage, Inc.
Accounting Department
6718 S. 216th St.
Kent, WA 98032

Only changes submitted in writing with the customer's signature will change the customer's records at Door To Door Storage, Inc. Correspondence from Door To Door Storage, Inc. to the customer will only be mailed to the most recent address on file as indicated on the storage rental agreement, or on a Change of Address form. Please allow 15 days for the change to be processed.

Change of Address

PLEASE PRINT CLEARLY: Fill in the alternate name & address, or write in "None"

Customer's Printed Name: _____ Today's Date: ___/___/___

Customer's Signature: _____ Effective Date: ___/___/___

1. HOME Address: _____

City: _____ State: _____ Zip Code: _____

Customer's Home Phone # (_____) _____ - _____

Customer's Work Phone # (_____) _____ - _____

Customer's Email: _____

2. Name of alternate contact: _____

Must fill in name or write in "None"

ALTERNATE CONTACT's Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Contact's Phone #(_____) _____ - _____

Alternate Contact's Email: _____