



Wisconsin's Low Cost Self Storage!

CHANGE OF ADDRESS FORM

Name (Print) _____ **Unit Number** _____

Facility Location

Storage Master Facility _____

Current Address

Street _____

City _____ State _____ Zip Code _____

Previous Address

Street _____

City _____ State _____ Zip Code _____

Email: _____

Cell Phone (____) _____ - _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Signature: _____ **Date:** _____