



CHANGE OF ADDRESS REQUEST FORM

CUSTOMER INFORMATION

Need Space? PMS Account Number: _____

Customer Name: _____

Please complete the items below legibly.

New Home Phone: _____ New Work Phone: _____

New Email: _____

New Address: _____

City: _____ State: _____ Zip Code: _____

Customer Signature: _____

Today's Date: _____ Effective Date: _____

Please complete and return to us by one of the following options:

Fax to: 1-714-693-0406

or

Mail to: Need Space? Storage
1485 North Main Street
Orange, CA 92867

Please allow 10 days for changes to take effect.

For office use:

Received on: _____ By: _____