

**FISHERS SELF STORAGE, INC.
CHANGE OF INFORMATION**

PLEASE RETURN THIS FORM IF YOU HAVE A CHANGE OF ADDRESS,
TELEPHONE NUMBER OR OTHER INFORMATION. WE NEED WRITTEN
AUTHORIZATION TO MAKE THE CHANGE. THANK YOU FOR YOUR
COOPERATION!

NAME: _____ UNIT # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): () _____ () _____
HOME CELL

ADD THE FOLLOWING PERSON(S) WHO MAY HAVE ACCESS TO MY UNIT:

DELETE THE FOLLOWING PERSON(S) WHO PREVIOUSLY HAD ACCESS:

CHANGE GATE CODE TO: _____ (photo id must be verified)

TENANT'S SIGNATURE: _____

DATE: _____