

*Napa Self Storage*  
473 Walnut Street  
Napa, CA 94559  
Office 707-253-0629 Fax 707-253-8956

# Change of Information Request

Name: \_\_\_\_\_ Unit No: \_\_\_\_\_

## Information as it appears on contract:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Phone

## New contact information:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Phone

## In case of an emergency please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

**I hereby authorize Napa Self Storage to make the above changes to my rental contract. Furthermore, I understand that failure to sign this form will result in changes not being made to my contract.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date