



Vacate Notice

Please print this form and complete all requested information.

Return the completed form by mail, fax, or deliver to the address below.

BARGOLD Storage Systems, LLC
41-41 38th Street
LIC, NY 11101

Question?
Call 212-BARGOLD
or 718-BARGOLD

Storage Space # _____

Monthly Rent _____

Date Vacating _____

(Note: You must give Bargold a minimum of 30days notice of your intent to vacate)

Reason For Vacating _____

Name _____

Building Address _____

Current Phone # _____

Current Work/Cell Phone # _____

Fax # _____

Email _____

Note: In order to ensure that you do not incur any additional charges, you must mail your storage room key to Bargold when you vacate the storage space.

As per my Occupancy Agreement, please be advised that my unit will be vacated by the above date. I understand that any personal property not removed by the above date will be disposed of at my expense.

Occupant Signature

FOR OFFICE USE ONLY: Vacate Receipt Received By: _____ Date _____

NOTE: After the 15th verify billing