



1707 E. Lyons Ave.
Spokane, WA 99217

509-484-LYON(5966)

Transfer of Responsibility

I, _____, tenant of unit#____ located on the property of Lyons Self Storage; do hereby authorize the transfer of all liability of my unit, lease and associated responsibilities to _____.

I understand that the liabilities contained within my contract cannot be terminated until a new lease has been completed in its entirety and has been signed by the above named individual and an agent of Lyons Self Storage.

Future Tenant Information

Name: _____

Address: _____

Phone Number: _____

Current Tenant Signature

Date

Lyons Self Storage Agent

Date