



6000 DALE STREET, BUENA PARK, CA 90621  
(714) 522-4020

## NAME TRANSFER FORM

### **Current Tenant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***As the current tenant of Dale Street Storage unit # \_\_\_\_\_, I hereby release the contents & control of said unit to the Potential Tenant named below. By signing this Transfer Form, I understand that until a contract and/or other legal paperwork is completed by the Potential Tenant, and approved by Dale Street Management, I will be responsible for the unit.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Potential Tenant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***By signing below I understand that I am, as of the date signed, responsible for the contents and control of Dale Street Storage unit # \_\_\_\_\_,***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **DSS Management Approval:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_