FINAL NOTICE BEFORE
COLLECTION AGENCY FEES CHARGED

TO: _____
Tenant's Name

_____
Mailing address on Rental Agreement or written change of address notice

_____
City/State/Zip Code

Your account is delinquent with our storage facility. As of the date of mailing of this letter, your balance is $_____. This is to provide you notice that if all amounts you owe us are not paid in full within 10 days of the date of this letter, your account may be turned over to a collection agency, and you will be liable for all collection agency fees.

You must pay all amounts due, including any amounts that come due between the date of this letter and the date you submit payment. You should check with our representative prior to paying to make sure that your payment brings your balance current. Thank you for your prompt attention to this matter.

Weekday office hours: _____ Weekend office hours: _____

LESSOR

_____
Tenant's space no.

_____
Signature of Lessor's Agent

_____
Date this notice was mailed regular mail to Tenant

Lessor's name, address and phone number(s)
for all payments and notices are below.
Facility address is also shown if different than mailing address.

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