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CHANGE of ADDRESS NOTIFICATION

Please read, sign and return to the office (or drop through the payment drop). It is critical that we have your correct account information on file so that you will receive all correspondence.

Name _____ Unit# _____

Old Address

Street _____ City _____ State _____ Zip _____

Telephone (h) _____ (w) _____ (cell) _____

New Address

Street _____ City _____ State _____ Zip _____

Telephone (h) _____ (w) _____ (cell) _____

E-Mail _____

New address effective as of _____.

In case of emergency, please contact: _____ Ph# _____

Signature _____ Date _____

Print Name _____