



1777 Union Road West Seneca, NY 14224

## **Letter of Authority**

**Date:** \_\_\_\_\_

To the Office of Ikon Self Storage LLC:

This letter hereby Authorizes \_\_\_\_\_ (Personnel) to act on the behalf of \_\_\_\_\_ (Company, Club or Organization Name) Located at \_\_\_\_\_ (Address) to make changes such as but not limited to; Access to rented Space, Authorize payment changes, Make payments, Update Email, Update Address, Update Insurance, Open /Close the account or Modify Space size for the betterment of the account for Space(s)\_\_\_\_\_.

The Authorized Personnel understands they are an acting representative of our establishment and we, the Occupant give \_\_\_\_\_ (Personnel) explicit permission to make decisions on behalf of \_\_\_\_\_ (Company, Club, Organization Name).

This Authorization goes into effect immediately and will continue until the termination of the Occupancy Agreement or until such Authorized Personnel changes are made.

Ikon Self Storage LLC reserves the right to revoke access to anyone with just cause, especially if, but not limited to, posing danger to Ikon Self Storage LLC staff, the facility and/or themselves, this includes any and all Authorized Personnel.

\_\_\_\_\_  
Signature of Establishment President

\_\_\_\_\_  
Emergency Contact phone number

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Ikon Self Storage Manager