

Resident Signature

NOTICE TO VACATE

| Date of Submiss | sion: | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| | ne: | | | | | |
| | | | | | | |
| Property Address | ss: | | Unit: | Unit: | | |
| | NSIDER THIS OU | Day | · | ICE OF INTENT | ΓΟ VACATE THIS UNIT Ο | N |
| 1910 | Jitii | Day | rear | | | |
| FORWARDI | NG ADDRESS: | | | | | |
| Contact Phone | Number: | | | | | |
| shall occur no eathat at this initial cleaning that are a final accounting owner/agent has basis for, and the such security de (check only one I decline the I request the I request the | arlier than two weeks I inspection, the owne proposed to be the bag of deductions from a regained possession as amount of, any secuposit to Resident. | before the term er/agent will pro asis for the ded my security de of the premises rity received ar my unit, and I w my unit, but I wi | ination of the ten ovide an itemized actions from the posit. I understan owner/agent sha ad the disposition ish to be present. Il not be present. | ancy and during norm statement (move-in/n security deposit. I under d, that no later than two ll provide me with an of the security and sha | present during that inspection, wheal business hours. I also understant above-out report) specifying repair erstand, however that this may now to-four weeks (14-30 days) after itemized statement, indicating the all return any remaining portion of | nd s or t be the |
| Best number | to reach me at to a | rrange for th | e inspection: | | | |
| Reason for M | oving (select/circle | one or all tha | at apply): | | | |
| ☐ Buying | ☐ More Space | | Downsizing | ☐ Budget | ☐ Maintenance | |
| Other: | | | | | | |
| T PLE | THE SECURITY I EASE MAKE SUR | DEPOSIT CA E YOU RET | NNOT BE US | ED AS THE LAST OPERTY TO US A | MONTH'S RENT. CCORDING TO THE URITY DEPOSIT. | |

Resident Signature