

Notice From Resident To Vacate

DIST #	PROJ #	CITY	PROJECT NAME	APT CONTROL NO
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RESIDENT NAME _____ RESIDENT TELEPHONE NUMBER _____
LEASE DATE: FROM: _____ TO: _____ () _____
DATE NOTICE GIVEN: _____

I INTEND TO VACATE THE ABOVE PREMISES ON OR BEFORE _____

1. Reason for vacating _____

2. I have found the service to be () Satisfactory () Unsatisfactory

COMMENTS: _____

3. Features I enjoyed most were: _____

4. Features I did not like were: _____

I UNDERSTAND THAT IF I AM VACATING PRIOR TO MY LEASE EXPIRATION, I WILL FORFEIT MY SECURITY DEPOSIT, AND WILL BE HELD LIABLE FOR THE RENT ON THE APARTMENT UNTIL IT IS RE-RENTED, OR UNTIL THE LEASE EXPIRES, WHICHEVER IS FIRST.

DATE _____ RESIDENT SIGNATURE _____

R.M. COMMENTS: _____ _____ _____
R.M. SIGNATURE _____ DATE RECEIVED _____