

# 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: Resident acknowledges a copy of this form was explained to them at time of move in.

R.M. SIGNATURE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_