

NOTICE OF INTENT TO VACATE

Date of Notice: _____

I/we, _____ hereby give notice of our intent to vacate my/our Residence located at: _____. I/we intend to surrender the premises with keys on ____ day of _____, 20___. I/we request a walk-through inspection at _____ (time) on _____ (date) so I/we may document the condition of my/our residence upon vacating.

I/we understand that all of the following terms and conditions, as specified in my/our lease, must be met in order to receive a refund of my/our security deposit.

1. The rental will be thoroughly cleaned and left in the same condition as it was when rented, normal wear and tear expected. Any additional cleaning or maintenance requested will be deducted from the security deposit.
2. I/we have no other monies due, including unpaid late fees, or rent.
3. All individuals using or occupying the premises will have surrendered the premise with all keys, including mailbox and storage keys or the cost of replacing will be deducted from my/our deposit.
4. I/we will be responsible for any and all cost incurred by any other party if the premises are not vacated on the date indicated above.
5. This notice may not be rescinded nor may the date of vacating be changed except by written consent of the owner/representative.
6. I/we are responsible for all incurred utility bills, where applicable, up through the date of vacating.
7. The security deposit may NOT be applied towards payment of any rent due.
8. The full term of my/our lease shall have expired.
9. This notice has been given _____ days prior to the vacate day indicated above whether under lease termination or by way of terminating a month-to-month tenancy.

Forwarding address for deposit refund: _____

Reason for moving or comments: _____

DEPOSIT REFUND CHECKS WILL BE MADE OUT TO THE NAME(S) ON THE LEASE AND WILL BE MAILED WITHIN 30 DAYS OF THE TENANT VACATING.

Resident Signature

Resident Signature

Owner/ Representative Signature

Date Received by Owner/Representative