

INTENT TO VACATE

Account or SID Number _____

Rent _____

Phone Number _____

I, _____ will vacate my apartment
(Tenant Name)

at _____ on _____, 20 _____
(Address & Building #)

I understand that I am bound by the rental agreement for the apartment at least 30 days following the date this notice is received by the Assignments office or Manager's office. Further, I understand that the University will begin showing the apartment to prospective tenants during business hours, Monday to Friday, upon 24 hours written notification. I may request an initial inspection by contacting the Manager's office no less than fifteen (15) days prior to my vacate date. I understand a final inspection will be done after I vacate the apartment.

Date _____, 20 _____

Tenant's Signature: _____

Received By _____
(Office Staff Signature) (Date)

Forwarding Address _____
(street)

(city, state, zip)

TRANSFER NOTICE (also fill out if transferring)

Account or SID Number _____

Rent _____

I, _____ will transfer to
(Tenant)

_____ on _____, 20 _____
(address & building #)

Tenant's signature _____

Approved by staff,
Apartment Assignments
HOUSING _____