

NOTIFICATION OF INTENT TO VACATE

Apartment #	#: Date Submitted:
Resident(s) I	Name:
Forwarding	Address:
Date to Vaca	ate: Lease Expiration Date:
Resident Sig	gnature(s):
It is the residual vacating, as personal prunderstands indicated ab	dent's obligation to leave their apartment clean and in good condition at the time of stated in your lease agreement. Resident is also responsible for the removal of all roperty from the premises on or before the date indicated above. Resident is that any refund of deposits due will be mailed to their forwarding address as pove, as prescribed by law.
We have en	EXIT INTERVIEW joyed your residency and appreciate any comments you may have so that we can
	y the highest quality service available.
1. R	Reason for vacating:
2. H	How would you rate your apartment? Excellent Above Average Average Below Average
3. V	What could we have done to improve your apartment?
4. V	What did you like most about our community?
5. V	What did you like least about our community?
6. C	Comments:
Date Received: Received By:	