

NOTICE OF INTENT TO VACATE 60 DAY NOTICE REQUIRED

Today's Date: _____

Resident Name: _____

Apartment Address: _____

I/We the resident(s) of the above apartment, hereby give you my/our notice to vacate this apartment on the _____ day of _____, 20____.

Our Forwarding Address Is: _____

My/Our Reason for Leaving is: _____

Lease Disposition: Lease Expiring Break Lease Month to Month

Resident signature: _____ Date: _____

Resident signature: _____ Date: _____

FOR USE BY THE AQUAMARINE APARTMENT STAFF ONLY:

Notice to vacate received on: _____, 20____ by: _____

Resident(s) gave _____ days notice to vacate.

Date Letter sent: _____ by: _____

Date added to sheets: _____ by: _____

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