



## **NOTICE OF INTENT TO VACATE**

Resident Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

This is to serve as Thirty (30) Days Notice of my/our intent to vacate premises located at

\_\_\_\_\_ on \_\_\_\_\_  
Address Date of Move-out

I/We understand that I/we must return the keys to the manager immediately after moving out -otherwise I/we will be responsible for rent until the keys are returned, or until legal possession of the unit is obtained by the owner.

I/We understand that I am entitled to a pre-move-out inspection within two weeks prior to the move-out date, at my request.

I/We authorize you to show the premises to prospective residents in accordance with the terms of our Rental Agreement.

**The reason I am/we are vacating the premises is:** \_\_\_\_\_

\_\_\_\_\_

**My/Our forwarding address is:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I/We understand that Thirty (30) Days Notice of my/our intent to vacate is required or I/we may be liable for your rental loss. I/We also understand that you are required to return my/our security deposit and/or a list of itemized deductions within the legal time frame which is currently twenty-one (21) days from the date we actually vacate the unit, providing I/we have given you proper notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

1423 SECOND STREET, SUITE B, SANTA MONICA, CA 90401 (310) 394-8487 FAX 395-4336



*Equal Housing Opportunity*

