

NOTICE OF INTENT TO VACATE

Name(s):	Today's Date:
	Move-Out Date:
Address:	
Home Phone:	Mobile Phone:
Email Address:	
Reason for Moving:	
Forwarding Address:	

I understand that the residence must be left in a clean and neat condition in compliance with my lease. Additional charges will be assessed for damage and unpaid service charges. A fee will be charged if keys are not returned upon move out.

I understand that if this move is prior to the expiration of my lease, I will be held liable for all applicable charges. These charges must be paid prior to move out.

In the event that damages to the residence exceed normal wear and tear, I understand and agree that I will be held liable for the excess costs, and agree to pay said charges within thirty (30) days of notification of the charges.

I understand that the above date is a definite vacating date and that my residence may be preleased. If I decide to rescind this Notice to Vacate, I must do so in writing. I understand that Real Estate Associates, Inc. has the right not to accept any recall of my Notice to Vacate.

My lease expires on:	
Tenant Signature Print Name:	Date
Tenant Signature Print Name:	Date
FOR OFFICE USE ONLY Received By:	Date:
3333 Durham-Chapel Hil	L BOULEVARD, SUITE C

P.O. Box 52328 Durham, NC 27717-2328 Phone: 919.489.2000 Fax: 919.493.8533 WWW.REALESTATEASSOC.COM