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Resident(s) Name:		Current Addre	ss:	Fort Irwin, CA 92310
Current Monthly Rate: \$ Move-Out Date: Reason for Moving:		Other Balances	*(if applicable)	
		Lease Expiration	on Date:	
		Branch of Serv		
Forwarding Telephone #: (	)			
Forwarding Address:				
(Street A	ddress)	(City)	(State)	(Zip)
Were you satisfied with your	stay at The Villages at Fort Irwi	in? 🗖 Yes 🗖 No		
What did you like most about	t your stay?			
What did you like least about	t your stay?			
What do you feel we can do to	o improve the stay for future res	sidents?		
How do you feel The Villages	s at Fort Irwin can communicate	e with you better	?	
May we contact you regarding	g your stay at The Villages at Fo	ort Irwin? 🖵 Yes	• No	
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Prorated Rent	e form of a <b>money order/cashier</b> 5th, your prorated amount of rer	's check/persona	l check before the e	<b>d prior to the 19<sup>th</sup> of the month.</b> nd of the prior month. (i.e., if you May 31st).
<u>Prorated Rent</u> * Prorated rent must be paid bej Rent from:	e form of a <b>money order/cashier</b> 5th, your prorated amount of rer <i>fore the end of the previous month.</i>	<b>'s check/persona</b> at must be paid be	l <b>check</b> before the e efore 12:00 p.m. on l	nd of the prior month. (i.e., if you May 31st).
<u>Prorated Rent</u> * Prorated rent must be paid bej Rent from:	e form of a <b>money order/cashier</b> 5th, your prorated amount of rer fore the end of the previous month.	<b>'s check/persona</b> at must be paid be	l <b>check</b> before the e efore 12:00 p.m. on l	nd of the prior month. (i.e., if you May 31st).
Prorated Rent * Prorated rent must be paid bej Rent from: Rent Rate: Prorated Rent: \$ Initial and Final Move-Out In home, and you have the right you with a power of attorney. time, as noted below, but no e this inspection is to allow you initial inspection, the Landlor cleaning that will be the basis make the corrections during th for damages. You are encoura your consent. If applicable, r Landlord/Agent will provide y found during the final inspect signed inspection report (disc existing damages upon move-	e form of a <b>money order/cashier</b> 5th, your prorated amount of rer <i>fore the end of the previous month.</i> to ÷ 30 days = \$ per day x <b>nspections:</b> You are hereby noti to be present during that inspect Upon your request, the Landlor earlier than two weeks before th the opportunity to correct any of cal/Agent will provide you with for any charges for damages. The period following the initial ins- aged to be present during the initial in- aged to be present during the ini- tion. Please indicate your avail crepancy list) is not present in the	's check/persona at must be paid be =	I check before the e efore 12:00 p.m. on N # of days # of days # of days  ye the legal right to ot able to be present edule an initial insp the tenancy or the e e home in order to a stement specifying e final accounting of the termination of t er, the inspection n dlord/Agent has re- asis for, and the amo initial and Final Ins- upon move-out, it of	nd of the prior month. (i.e., if you May 31st).
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Prorated Rent * Prorated rent must be paid bef Rent from: Rent Rate: Prorated Rent: \$ Initial and Final Move-Out In home, and you have the right you with a power of attorney. time, as noted below, but no e this inspection is to allow you initial inspection, the Landlor cleaning that will be the basis make the corrections during th for damages. You are encoura your consent. If applicable, I Landlord/Agent will provide y found during the final inspec signed inspection report (disc existing damages upon move- Please initial to allow spouse Initial Inspection Date:	e form of a <b>money order/cashier</b> 5th, your prorated amount of rer fore the end of the previous month. to ÷ 30 days = \$ per day x <b>mspections:</b> You are hereby noti to be present during that inspect Upon your request, the Landlor earlier than two weeks before the the opportunity to correct any of cd/Agent will provide you with for any charges for damages. The period following the initial ins- aged to be present during the iri no later than three weeks (21 you with an itemized disposition tion. Please indicate your avail crepancy list) is not present in the in.	's check/persona at must be paid be = fied that you have tion. If you are no cd/Agent will sch e termination of the deficiencies in the a an itemized stance is will not be the spection through appection; howeve days) after Lance a indicating the base ability for your I the resident file the in place of Servi Time:	I check before the e efore 12:00 p.m. on N # of days # of days # of days  ye the legal right to ot able to be present edule an initial insp the tenancy or the e e home in order to a stement specifying e final accounting of the termination of t er, the inspection n dlord/Agent has re- asis for, and the amo initial and Final Ins- upon move-out, it of	<pre></pre>

By signing this form I agree to the above terms and conditions of this agreement and have received the attachments listed below. Attachments: Cleaning Options and Guidelines, Estimated Cleaning Cost List

Resident Signature	Printed Name	Date				
Signed by: The Villages at Fort Irwin, as an agent for California Military Communities, LLC						
Pinnacle Representative Signature	Printed Name	Date				