



UNIVERSITY POINTE

University Pointe

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THIRTY (30) DAY NOTICE OF INTENT TO VACATE

Resident Name []

Property Name []

Apt # []

Date of Move Out []

(Keys must be turned in on this date to assure no additional charges)

On this day [], I hereby submit my thirty (30) day notice of intent to vacate my apartment. I fully realize that to be eligible for my deposit refund, the notice must be given a minimum of thirty (30) days before I vacate the apartment. I also understand that I must complete the entire term of my contract if the notice is to be valid. I also understand that I must return the apartment in good condition if I am eligible for a deposit refund.

Resident

Manager

To ensure you will be eligible for a complete refund, please arrange a walk-through inspection with the manager to verify apartment condition.

Reason for Vacating Unit

Forwarding Address

Phone Number

For Office Use Only

Date keys were turned in []

Returned keys in person []

Initials []

Returned keys in drop box []