



Forest Park Apartments NOTICE TO VACATE

This is my written notice that I will vacate apartment # _____ by (date) _____.

- ⌚ As required by my Forest Park Apartment Lease Agreement, a 60-day written notice is necessary to terminate my lease. I understand that I am liable for 60 days rent from the day my notice is received by the Forest Park Office and agree to vacate by the established deadline.
- ⌚ I understand that I must call 5 days in advance of the established deadline to schedule a checkout appointment.
- ⌚ I give the Forest Park staff permission to enter my apartment within five days of the receipt of this notice to assess the condition of walls, carpets, etc. so that turnaround time for the unit can be scheduled appropriately.
- ⌚ I understand that the Forest Park staff may request permission to show my apartment to prospective residents.

I have read and understand the above listed information and wish to give my notice to vacate my apartment by the above listed date.

Primary Lessee Signature: _____ Date: _____

Last 4 digits of ID Number: XXXXX□□□□

Phone Number: _____

Email: _____

Forwarding (New) Address:

The following information is for statistical purposes only. Completion is voluntary.

Reason for vacating (please check one)

- I am no longer eligible for housing in Forest Park because I: I am still eligible for housing in Forest park, but I:
- | | |
|---|---|
| <input type="checkbox"/> Graduated from UNH | <input type="checkbox"/> Am transferring to another unit within Forest Park |
| <input type="checkbox"/> Am no longer employed by UNH | <input type="checkbox"/> Am moving to an off campus apartment |
| <input type="checkbox"/> Transferred to another school | <input type="checkbox"/> Bought a house |
| <input type="checkbox"/> Ended term of research appointment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Discontinued enrollment | |
| <input type="checkbox"/> Met maximum term of residency | |
| <input type="checkbox"/> Other: _____ | |

For Office Use Only

DATE RECEIVED _____ DATE TO OFFER _____