



**NOTICE OF INTENT TO VACATE**  
**MOVE-OUT NOTIFICATION**

Your lease requires you to provide written notification of your intent to move 45 day notification prior to the end of your lease term. This notification must specify a departure date at the end of the month. Please fill out all of the information on this form in order to protect your interests and insure you have provided proper notification. We must receive a copy of this form with your signature. Fax is acceptable, email is not; fax # 972-772-4996. Please call if you have any questions on filling out this form.

After we receive this form at Citywide Property Management, we will mail you instructions on the process for moving out. The instructions will detail the actions you must take in order to conform to your lease and provide the best opportunity for a full refund of your security deposit.

Information on the lease property you are leaving:

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Scheduled End of Lease: \_\_\_\_\_

Scheduled Date of Surrender: \_\_\_\_\_

It is important that we have a current phone number for you in case we need to reach you during the next several weeks as you prepare to move out. You will have surrendered the property when you have removed your personal goods and returned all access devices to Citywide Property Management. Please call our office if circumstances allow you an early departure. There may be penalties if you abandon the property early without notifying Citywide Property Management.

This form should be signed by all residents included on the lease. Please sign in the space provided below. Remember we must receive this signed document in our office 45 days prior to the end of your lease term regardless of the date you sign this form otherwise you may be liable for an additional month's rent.

PRINT NAME

SIGN NAME

|                    |       |
|--------------------|-------|
| Resident #1: _____ | _____ |
| Resident #2: _____ | _____ |
| Resident #3: _____ | _____ |
| Resident #4: _____ | _____ |

**Forwarding Address Information – Signature Required**

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Signature required)

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