



Date: \_\_\_\_\_ Property Name: \_\_\_\_\_

Resident Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I/We, the undersigned resident(s), hereby give at least 30 days notice to vacate the above premises according to Oregon Law. We will be vacating the premises on the \_\_\_\_\_ day of \_\_\_\_\_.

(DAY) (MONTH) (YEAR)

I/We will deliver possession of said premises to the management on that date. It is agreed and understood that the premises may be shown at reasonable times prior to the expiration of this notice.

Residents recognize that failure to vacate on the date set forth above will cause the Owner/Agent to suffer damages because of inability to gain access for maintenance or turn-over work or to allow new tenants to move in. The amount of these damages will be difficult to determine but will be substantial. Therefore, the Residents agree that if they fail to vacate by the date set forth above, they will pay Owner/Agent liquidated damages of \$150.00 per day until possession is delivered to Owner/Agent.

Reason you are leaving: \_\_\_\_\_  
\_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**All persons listed and subject to the Rental Agreement must sign this notice**

X \_\_\_\_\_  
(RESIDENT)

X \_\_\_\_\_  
(RESIDENT)

X \_\_\_\_\_  
(RESIDENT)

X \_\_\_\_\_  
(RESIDENT)

**Mail original copy with original signatures to:**

Aetna Properties, Inc.  
PO Box 69181  
Portland, OR 97239