UNIVERSITY APARTMENT OFFICE NOTICE OF INTENT TO VACATE

Today's Date	De	parture Date _		
Lease Holder				
Lease Holder		FIRST	MIDDLE	
PID	Apartment Addre	ess	E-mail	
Number of Bedrooms:	ficiency ☐One ☐Two	Furnished	d □Unfurnished	
Roommate: Yes No	Name of Roommate			
Forwarding Address:	Street			
City		State	Zip Code	
from the date that this form i	s on file with the Housing and nent are turned in to the	Assignments O University Ap	rent through forty-five (45) of ffice. I further understand to artments Service Center or apartment.	that
(INITIALS)				
duration of the lease, the r	emaining tenant shall be	e responsible f	ent for any reason during t for the total monthly rent fo NT TO VACATE" or roomm	rty-
(INITIALS)				
FACULTY/STAFF: IF YOU BLDG. IN PERSON OR CA		TION, CONTA	CT RM 142 ADMINISTRATIO	ON
SIGNATURE OF TE	NANT		RECEIVED BY	
	OFFICE USI	∃ ONLY		
Cancellation Fee	Ex	tension Date _		
Mgt. Approved	Da	ate Keys Receiv	/ed	
Door Key Received	Ma	ailbox Key Rec	eived	
Entered in RMS		eparture Date _		
Forty-five days from date red				