



# notice of resident(s) intent to vacate

(PLEASE PRINT LEGIBLY)

2040 Bancroft Way, Suite 301 • Berkeley, CA. 94704 Tel 510.900.5200 | Fax 510.883.1354  
www.squareonemanagement.com

Property Address: \_\_\_\_\_

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

**To: Square One Management**

I/We the RESIDENT(s) of the above apartment, hereby give you my/our (circle one) 60 / 90 day notice that I/We intend to vacate this apartment on (mm/dd/yyyy) \_\_\_\_\_.

Phone Number(s): \_\_\_\_\_ (1) \_\_\_\_\_ (2)

Email(s): \_\_\_\_\_ (1) \_\_\_\_\_ (2)

1. It is understood as follows:
  - a. That this Notice is required by Section 1946 of California Civil Code and
  - b. Except as provided by law, rent shall be due and payable to and including the date of termination after service of the notice on Owner, whichever is later.
2. After all the undersigned's possessions are removed from the premises, the undersigned will notify the Owner /Agent / Manager and return ALL the keys.

*Pursuant to California Civil Code §1950.5 you have the right to request an inspection of the Premises prior to the termination of your tenancy for the purpose of giving you an opportunity to remedy deficiencies (consistent with you lease or rental agreement), in order to avoid certain deductions from your security deposit. This inspection can be conducted no earlier than two weeks prior to the termination of your tenancy. If you wish to have an inspection please contact your Manager.*

The undersigned's reason(s) for termination the Rental Agreement is as follows:

\_\_\_\_\_  
\_\_\_\_\_

<b>FORWARDING ADDRESS:</b> (Address where security deposit will be mailed to, the check will have the names of all the undersigned on it unless otherwise specified in an attached letter with everyone's signature):			
Name _____			
Street _____	City _____	State _____	Zip _____

Resident 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident 4 Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident 5 Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident 6 Signature \_\_\_\_\_ Date \_\_\_\_\_