



Occupant Move Out Form

NAME: _____ **UNIT:** _____

MOVE OUT DATE: _____ **NOTICE GIVEN:** _____

10 days notice must be given or deposit will be forfeit. Unit must be clean and in good condition. Cleaning and/or damage fees may be applied. We do not prorate / refund partial months rent for move outs.

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: () _____ - _____

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

_____ **Is unit clean?**

_____ **Is there damage to the unit? Specify:** _____

_____ **Maintenance needed?**

Signature of Manager: _____