Notice if Intent To Vacate

To:



PROPERTY GROUP	ī	Date of Notice:	· · · · · · · · · · · · · · · · · · ·
Resident Name (Please Pr	rint)		
Resident Name (Please Pr	int)		
Property Name			
Property Address			
I/WE HAVE NOT	on the day of PLETED the term COMPLETED the term e	of my/our lease or rental ago	reement.
City,		_, State	Zipcode
And Phone		_	
		Very Truly Yours,	
	_		
BELOW FOR OFFICE USE ONLY			
Resident(s) gave	_ days notice to vacate.	Notice received on (date)	·
Management Signature			