

INTENT TO VACATE

Account or SID Number _____

Rent _____

Phone Number _____

I, _____ will vacate my apartment
(Tenant Name)

at _____ on _____, 20 _____
(Address & Building #)

I understand that I am bound by the rental agreement for the apartment at least 30 days following the date this notice is received by the Assignments office or Manager's office. Further, I understand that the University will begin showing the apartment to prospective tenants during business hours, Monday to Friday, upon 24 hours written notification. I may request an initial inspection by contacting the Manager's office no less than fifteen (15) days prior to my vacate date. I understand a final inspection will be done after I vacate the apartment.

Failure To Vacate: The resident understands and agrees that the University may rent the apartment to new occupants effective the day following the termination of the Resident's Rental Agreement. New occupants may be scheduled to move into the apartment on that day. If the resident does not vacate the apartment on their vacate date, the resident shall be liable for \$125.00 per night in liquidated damages charge as well as any other charges allowed by law, including, but not limited to, any costs incurred in providing alternate or temporary housing for the new occupants. (Section 30 Liquidated Damages)

Date _____, 20 _____

Tenant's Signature: _____

Received By _____
(Office Staff Signature) (Date)

Forwarding Address _____
(street)

(city, state, zip)
