



NOTICE TO VACATE – FROM RESIDENT

Please be advised that the undersigned resident(s) intend to terminate his/her/their lease for the premises located at:

RESIDENT’S NAME: _____

RESIDENT’S NAME: _____

WHO OCCUPY THE APARTMENT LOCATED AT

WILL VACATE ON THE FOLLOWING DATE

Reason for moving? _____

Written notice is hereby accepted from Resident(s) in accordance with the Landlord/Tenant Act which states that a 30-day written notice is required. Resident(s) have been informed **rent shall be charged until keys to the premises have been returned.** Processing of Resident(s) security deposit refund may take 30 – 45 days from the date keys are returned. A final statement and refund check, if applicable, will be forwarded to the resident(s) at the forwarding address provided:

Forwarding Address: _____

Phone Numbers: _____

Resident Signature: _____

Date: _____

GPM OFFICE USE ONLY

Received by GPM: _____ Date: _____

Notice to Vacate Received in Person or by Phone? _____

- _____ UPDATE COMMUNICATION LOG
- _____ PRINT SCREEN EMAIL TO ALL STAFF
- _____ RECORD ON DAILY TRAFFIC REPORT / UNDER NOTICE TO VACATE COLUMN
- _____ FAX TO GPM OFFICE MANAGER FOR TOS UPDATE AND DATA FILING
- _____ ORIGINAL NOTICE TO RESIDENT’S FILE – IMMEDIATELY – DO NOT PUT IN TO BE FILED
- _____ RESIDENTS RESPONSIBILITY AT VACATE HANDED TO RESIDENT OR MAILED