

AG Management Co LLC

Tel.
Fax

45-DAY NOTICE TO VACATE

Date of Notice: _____

Name(s) of Resident: _____

Address: _____

Telephone: _____

I (We), the undersigned, hereby serve notice that I (We) intend to vacate the above mentioned apartment on the _____ day of _____ 20_____

(Note to Tenant: If you have fulfilled all the terms of your lease you may anticipate a deposit refund. However, in order to receive a complete refund, you must comply with the following items. Keep in mind that your liability is not limited to the amount of your security deposit.)

1. I am responsible for any and all costs incurred by any other party due to my failure to vacate the premises on or before the date indicated above.
2. I may not rescind this notice nor may I change the date of vacating except by written consent of the property owner/manager.
3. I am responsible for all incurred utility bills through the date of actual vacating. (Where Applicable)
4. I am responsible for the full last month's rent. My Security Deposit may NOT be applied toward payment of any rent due.
5. My failure to return all key's (apartment, mail box, laundry room, storage, etc.) issued for my apartment will result in a \$25 charge for each set of keys. I also understand that the apartment will not be considered vacated and I will be responsible for rent until ALL keys are returned.
6. I understand that submitting this notice does not relieve me of any liability that I may have under my present Lease Agreement.
7. I understand that I may be charged for any damagees not listed on my move in check list and have the right to request a pre-move out inspection no later than two weeks prior to vacating.

COMMENTS: _____

Forwarding Address: _____

Reason for vacating: _____

Resident's Signature _____

Resident's Signature _____

Received By: _____ Date Received: _____