

# THIRTY-DAY NOTICE OF INTENT TO VACATE

**The tenants listed below are providing notice to Authority Property Management that in no later than 30 days they intend to vacate rented or leased property:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

intend(s) to terminate the tenancy and return possession of the premises located at:

Property Address: \_\_\_\_\_  
\_\_\_\_\_

**THIRTY DAY NOTICE OF INTENT TO VACATE DOES NOT RELEASE RESIDENT(S) FROM ANY OBLIGATION OF THE LEASE**, including payment to the end of the lease term. Resident's possession of the property remains in effect until all belongings are removed and all keys delivered to the owner or owner's agent. Except as provided by law, rent is due and payable up to and including the final date of possession, or thirty (30) days after service of this notice to the Manager, whichever is later. The resident cannot use the security deposit as last month's rent. Rent is payable through the termination of the tenancy. The notice may not be changed or modified without the written permission of the property owner or owner's agent.

**NOTICE OF RIGHT TO INITIAL INSPECTION:** I understand that I have the right to request an initial inspection of my unit and to be present during that inspection, which shall occur NO earlier than two weeks before the termination of the tenancy and during normal business hours. I also understand that at this initial inspection, the Manager will provide an itemized statement specifying repairs or cleaning that are proposed to be the basis for the deductions from the security deposit. I understand, however, that this may not be the final accounting of deductions from my security deposit. I understand that no later than three weeks (21 days) after Manager has regained possession of the premises, I shall be provided with an itemized statement by regular mail or email, indicating the basis for, and the amount of, any security deposit received and the disposition of the security, and any remaining portion of such security deposit shall be returned to me.

We would like to have an initial inspection as stated above. Please check one. Yes \_\_\_\_\_ No \_\_\_\_\_

**AUTHORIZATION TO SEND SECURITY DEPOSIT ACCOUNTING BY EMAIL OR REGULAR MAIL:** Please send to the address I have provided below. If no email address is provided on this form I authorize any and all email address I have on file to be used.

Forwarding Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

