



CONFIRMATION OF 30-DAY NOTICE

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NAME: _____ DATE: _____
 ADDRESS: _____ UNIT: _____
 CITY: _____ STATE: _____ ZIP: _____

We hereby acknowledge receipt of your thirty (30) day notice (as required by law) dated _____.
 Your rent is paid to _____. Balance owing to and including move-out date is: \$ _____.
 This amount is due on or before _____. Your move-out date is _____.

WHEN YOU MOVE PLEASE COMPLY WITH THE FOLLOWING (in addition to other standard vacate procedures):

1. Have meters read on move-out date.
2. Return all keys.
3. Notify the owner/agent of the actual date on which you plan to vacate and make an appointment for your move-out inspection.
4. Defrost refrigerator, turn thermostat off, remove water and leave door open.
5. Leave your forwarding address with us for return of security deposit which will be refunded to you provided conditions of rental agreement have been met.
6. Final report on condition tenant left rental unit will be forwarded to you within thirty-one (31) days with an accounting and/or refund of monies due.

 Owner/Agent
 Telephone:



Equal Housing Opportunity

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PREVIEW