

Oliver Management Service, Inc.

PROFESSIONAL MANAGEMENT SERVICE

5713 Grand Ave. Ste. B

Duluth, MN 55807

(218)628-0311 - Fax (218)624-2235

NOTICE OF INTENT TO VACATE APARTMENT

DATE _____, 20__

APT. ADDRESS _____ APT. # _____

RESIDENT NAME _____

RESIDENT NAME _____ PHONE # _____

TO: _____

PLEASE TAKE NOTICE OF MY/OUR INTENTION TO VACATE MY/OUR RESIDENCE
LOCATED AT:

_____ ON OR
BEFORE _____.

THE REASON I/WE ARE MOVING IS:

I/WE UNDERSTAND THAT MY/OUR DEPOSIT WILL BE REFUNDED AS AGREED, LESS
PAST DUE UNPAID CHARGES, IF ANY, AFTER I/WE HAVE MOVED OUT COMPLETELY
AND RETURNED POSSESSION OF THE PREMISES TO THE MANAGEMENT, AS LONG AS
I/WE LEAVE THE RESIDENCE IN CLEAN AND UNDAMAGED CONDITION.

I/WE UNDERSTAND THAT MY/OUR LEASE/RENTAL AGREEMENT STATES THAT I/WE
HAVE AGREED TO A _____ DAY *PROPER** WRITTEN NOTICE TO VACATE. I/WE
UNDERSTAND THAT I/WE ARE RESPONSIBLE FOR PAYING RENT THROUGH THE END
OF THE TERM AGREED TO IN THE LEASE/RENTAL AGREEMENT OR UNTIL ANOTHER
TENANT IS APPROVED BY THE MANAGEMENT AND HAS TAKEN OCCUPANCY,
WHICHEVER HAPPENS FIRST. AS I/WE HAVE AGREED IN MY/OUR LEASE/RENTAL
AGREEMENT, I/WE WILL MAKE THE PREMISES ACCESSIBLE TO SHOW TO
PROSPECTIVE TENANT(S) OR PURCHASER(S) AT ANY AND ALL REASONABLE TIMES,
WHETHER I/WE ARE PRESENT OR NOT.

PLEASE RETURN DEPOSITS TO MY/OUR NEW ADDRESS AT:

ADDRESS: _____ APT. # _____
CITY _____, STATE _____ ZIP _____

VERY TRULY YOURS,

RESIDENT SIGNATURE _____

RESIDENT SIGNATURE _____

FOR USE BY THE MANAGER

NOTICE TO VACATE WAS RECEIVED ON _____, 20__

RESIDENT(S) GAVE _____ DAYS' NOTICE TO VACATE.

MANAGER'S SIGNATURE _____

*NOTICE MUST BE GIVEN _____ COMPLETE MONTH(S) + 1 DAY
EXAMPLE FOR 30 DAY = NOTICE DATED AND RECEIVED ON JULY 31, 2004 FOR AUGUST 31, 2004 MOVE OUT
FOR 60 DAY = NOTICE DATED AND RECEIVED ON JULY 31, 2004 FOR SEPTEMBER 30, 2004 MOVE OUT