

WRITTEN NOTICE TO MOVE

When keys are returned after 2:00 p.m., rent will be charged for the following day.

I, _____ give this (15) fifteen-days written notice to move out.

I will move out of the unit located at _____
on _____ (day) of _____ (month), _____ (year).

_____ I request a move-out inspection
on _____ at _____ : _____ a.m. / p.m.

OR

_____ I decline to attend the move-out inspection.

After the inspection, I agree to perform the suggested cleaning instructions or allow maintenance to clean the unit on my behalf.

I understand and agree not to drive on the lawn or sidewalk; nor will I allow anyone on my behalf to drive on the lawn or sidewalk.

I understand and agree to be responsible for payment of rent and/or cleaning charges that are based upon the inspection recommendations exceeding the security deposit; and, to keep the utilities on until the day I turn in the keys.

I understand and agree the balance of the security deposit (after deductions) will be sent by 1st class mail to the forwarding address given below or may be picked up at Clarksville Housing Authority office during regular business hours.

Signature

Date

Time

Forwarding Address: _____

