



NOTICE TO VACATE

Date: _____

Tenant(s) Name: _____

Unit Address: _____

I (we) am/are giving notice to vacate the above-mentioned unit on _____.
I (we) agree that if I (we) retain possession of said premises after the above-mentioned vacating date, I (we) will be responsible for the full contract rent.

I (we) understand that the unit needs to be vacant, clean and all keys turned into the management on the above date. I (we) understand that if the unit has tenant caused damage or cleaning is required, it may be deducted from the security deposit.

Tenant Signature

Date

Landlord/Owner, by signing this form, you acknowledge the tenant has given notice to vacate the unit listed above and the portion of rent paid by Metro West Housing Solutions will be terminated on the above-mentioned date.

Landlord/Owner Signature

Date

