



# MONROEVILLE Apartments

## NOTICE TO VACATE FORM

Date Submitted:

Resident Name:

Community:

Building #:

Apt. #:

Storage Unit #:

(if applicable)

Daytime Phone #:

Date you plan to move out:

Reason for your move:

Your Forwarding Address:

Are you providing us with a full 30-day notice?

Yes

No

Is this the end of your lease?

Yes

No

If not, please be aware that we will need to discuss with you your options for terminating your lease prior to its expiration, if applicable. A discussion now may avoid any misunderstandings in the future.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Staff member confirming receipt of Notice

\_\_\_\_\_  
Date Received