



Notice of Intent to Vacate

THIS FORM MUST BE COMPLETED AND RETURNED TO MOVEOUTS@SPRINGPM.COM.

Resident Name(s): _____

Apartment Address: _____

Please note: A notice of intent to vacate is invalid without a forwarding address. This notice cannot be rescinded nor may the move out date be changed without written approval from Management. **Initial:** _____

Forwarding Address:

Street: _____

City: _____ State: _____ Zip: _____ Move Out Date: _____

Reason for Moving: _____

I/We understand that any refund of the security deposit due will be mailed to the above forwarding address within fourteen (14) days of move out or lease ending, in the form of a check payable to the name(s) on the lease as lessee(s). If damages to the apartment exceed normal wear and tear, I/we understand and agree to be held liable for the excess costs and agree to pay said charges within thirty (30) days of notification.

I/We understand that utilities must stay in the Lessee's name until the last day of the lease term and/or expected move out date, whichever is later.

I/We understand that it is our responsibility to return all keys on or before the expected move out date. Rent will be charged per day until Management receives possession of the apartment, regardless of the expected move out date. A minimum \$100.00 lock change fee will be charged if all keys are not returned.

I/We understand that if the expected move out date is before the lease expiration, I/we are breaking the lease terms and must meet the following conditions to "buy out" the lease:

- Give a thirty (30) notice to vacate by filling out, signing, & returning this form by email to moveouts@springpm.com.
- Paying the lease termination fee as detailed in the lease agreement.
- Paying all applicable fees and charges including rent, utilities, early termination fees, and rental concession repayments before vacating the unit.

I/We understand that if I/We do not pay following the "buy out" requirements listed above, then I/We are obligated to pay the monthly rent and utilities until the last day of the lease term. **Initial:** _____

_____ Resident	_____ Date	_____ Resident	_____ Date
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_____ Resident	_____ Date	_____ Resident	_____ Date
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OFFICE USE ONLY - The above notice has been received and reviewed. This notice is approved per the lease terms.

Manager

Date

