

## **Notice of Intent to Vacate**

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

Resident Name(s):				
Apartment Address: Garage Number:				
			address. This notice cannot be Management. Initial:	
Forwarding Address:				
Street:				
City:	State:	Zip:	Move Out Date:	
Reason for Moving:				
damages to the apartment excess costs and agree to pathe Move In Condition form  I/We understand that utilitie expected move out date, who will be charged per day until move out date. A \$80.00 local  I/We understand that if the externs and must meet the following a sixty (60) not moveouts@springpi  Paying the lease term Paying all applicables	xceed normal wear and a y said charges within thin provided at move in and as must stay in the Lesses ichever is later. Ar responsibility to return Management receives p k change fee will be char expected move out date llowing conditions to "but ice to vacate by filling out m.com. mination fee as detailed	tear, I/we understarty (30) days of notion the move out inspects name until the law all keys on or before session of the apped if all keys are not before the lease by out" the lease lay out the lease agreement, utilities, earn, utilities, earn, and the lease agreement in the lease agreement, utilities, earn, utilities, earn, and the lease agreement in the lease agreement, utilities, earn, and the lease agreement in the lease agreement, utilities, earn, and the lease agreement in the lease agreement in the lease agreement in the lease agreement agreem	expiration, I/we are breaking t	for the ed per  r e. Rent ected he lease
I/We understand that if I/We obligated to pay the monthly		•	ments listed above, then I/We ase term. Initial:	are
Resident	 Date	Resident	Date	
Resident	Date	Resident	Date	
OFFICE USE ONLY - The above	notice has been received	and reviewed. This	notice is approved per the lease	terms.
Manager		Date		

