COACHLIGHT COMMUNITIES LLC
Be Here, Be Home

NOTICE OF INTENT TO VACATE

ALL LEASEHOLDERS MUST SIGN THIS NOTICE

As indicated by the terms of my lease, I understand that I must submit this written Notice of Intent to Vacate 2 full calendar months from the last day of the month, 2 months prior to the month vacating as required. (No Move-outs Oct 1st through Feb 28th) Telephone conversations do not qualify as notice, nor does a written notice that is not signed by ALL leaseholders. If the move-out date indicated below occurs before the expiration of the proper notice, I understand I will be charged rent through the last day of proper notice at the current rental rate on my lease.

OFFICIAL WRITTEN NOTICE TO VACATE

Lease Expiration Date _____   Is this an Early Termination? __ YES __ NO

All residents occupying the apartment at _____ # _____, _____, give notice
                                                   (Building)   (Unit #)

of intent to vacate on _____.

Reason for Leaving: _____.

Are you giving 2 calendar months written notice, as required per your current lease? __ YES __ NO

*You will be charged rent for the 2 months or remainder of lease (whichever is greater) at your current rental rate whether you live in the apartment or not. If you are breaking your lease, please contact the Leasing Office for the current Lease Buy-Out Policy which states the required fees and conditions. All utilities must remain in your name through the term of your lease responsibility.

FORWARDING ADDRESS FOR SECURITY DEPOSIT REFUND:

To insure that your Security Deposit Disposition gets directly to you as quickly as possible, please leave a forwarding address.

Failure to do so, will result in your notice being mailed to your apartment address and will rely on the USPS to forward.
Please note: Security Deposit refunds will only be processed in the leaseholder(s) name(s).

Leaseholder: Name, Forwarding Address and Phone Number: _____

_____

Resident Signature_____ Date_____

Resident Signature_____ Date_____

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For Office Use Only:

DATE RECEIVED BY MANAGEMENT:_____   STAFF INITIALS:_____
_ FAXED   _ DROP BOX   _ GAVE IN PERSON