NOTICE TO VACATE

Property: _____

I/we,_____ (name) hereby give my 30 day notice to vacate

unit # _____at _____(address)

_____(city), IA by 5:00pm on _____(proposed move out date).

I understand that my lease expires on _____.

The reason I am vacating my apartment is_____.

By filling out and signing this notice to vacate I am acknowledging my understanding of the following:

- **I understand that if I have not fulfilled the term of my lease, breaking my lease may result in breach of lease charges and that I may be held responsible for the full market rent through the term of my lease or until the apartment/townhome is re-rented.**

- **I understand that if I am on a month to month tenancy and am planning on moving out mid- month I must pay the full tenant contribution of rent on or before the first day of my last month of occupancy. I understand that if I do not pay the final month's rent in full on or before the first of the month, it will be considered a breach of lease and I will be charged accordingly.**

- **I understand that I am responsible for rent for at least 30 days from the date of this notice.**

- **I understand that a member of the management staff will contact me to schedule a move out inspection, to take place immediately prior to return of possession of the unit to the landlord. If I do not participate in a move-out inspection with management staff, I will accept the evaluation of the manager as to the condition in which I left the unit.**

- **I give permission to T & L Properties to inspect and show my apartment during this notice period and to enter the unit between the hours of 8:00 AM and 8:00 PM if I am not home. Management will try and give me as much notice as possible when they are going to show the unit.**

- **I give permission to T & L Properties to conduct a pre-move-out inspection in order to check the condition of the apartment for turn-over planning purposes.**

The Following is going to be my forwarding address. (If not known at this time or if anything changes I will be sure to contact Management as soon as this information is obtained.

_____

_____

Date:_____ Signature: _____

Date:_____ Signature: _____

Phone Number: _____

Date Management Received_____By: _____