Rental Professionals

30 DAY NOTICE

Today's Date: MUST BE RECEIVED BY 3:00 p.m. or shall be c	onsidered notice the following business day
We the Tenant(s) (Names Printed):	
Hereby provide our 30-Day Notice to vacate and end	our lease at the following property:
	(Address).
As of (Date).	
Please schedule our check out for the	(Date).
(Each Person on the lease SHALL sign, date, and forwarding address you want the security deposit	•
Thank You	
(CLCN, DATE, DUONE (I)	
(SIGN, DATE, PHONE #)	
Rental Professionals	
2137 W. Durston, Suite 25 P.O. Box 3044 Bozeman, MT 59718	
Phone: 406-585-1775 Fax: 406-522-7983 Rentalprofessionals.net	

(Forwarding address to receive the security deposit)

NOTICE REGARDING THE RETURN OF YOUR SECURITY DEPOSIT

Pursuant to your Lease Agreement, your security deposit will remain with the Property/Lessor until all Tenants sign this Notice and vacate the Premises. The Security Deposit check will be written jointly to all the tenants currently on the Lease.

However, if you decide to have the check issued to one tenant only, please print and sign your name below. By doing so you agree and understand that you are responsible to obtain your portion of the security deposit from the tenant you have elected to accept the security deposit on your behalf from Rental Professionals.

In addition, your security deposit may not be used for rent for the last month of your Lease. Lastly, no payment arrangements are allowed once this Notice is submitted.

CHECK OUTS/WALK THROUGHS shall be scheduled Monday thru Thursdays only.

We the Tenant(s) agree that the Security Deposit check shall be issued to:
_______:

Please sign, date and print your names below, all tenants must agree to this election or the check will be issued to all tenants jointly.