



675 West Moana, Suite # 102, Reno, NV 89509
ActionPropertiesNV.com
Office (775) 323-0404

NOTICE OF INTENT TO VACATE

Please note that your notice to vacate will not be considered valid until this form has been completed and returned to the management office via email to info@actionpropertiesnv.com, via Fax to 775-323-0428 or hand delivered to the above address.

RESIDENT'S NAME _____

ADDRESS _____ LEASE EXPIRATION _____

PHONE # _____ EMAIL ADDRESS _____

This is to serve as a 30-Day Written Notice of my/our intent to vacate the above referenced unit/property in accordance with the terms of the lease agreement. I/We further understand and agree that:

1. If my lease has not expired, I/We are responsible for all rental payments until which time the lease expires, or until which time the unit/property is re-leased and the rent is paid by a new resident.
2. The unit/property will be left in the same condition as it was received, less reasonable wear.
3. I/We will be responsible for any and all costs incurred, including prorated rent, if the premises are not vacated on the date indicated below.
4. This notice may not be rescinded nor may the date of vacating be changed without the written consent of Management.
5. I/We agree to be responsible for all incurred utility bills through the date of vacating.
6. I/We understand that in the event that the full lease term was not fulfilled, that we are responsible for the repayment of all concessions or discounts that were received during the lease term in addition to all applicable fees for the early termination of the lease agreement.
7. All door keys, mailbox keys and access keys issued will be returned or the cost of replacement will be deducted from the security deposit.

The reason I/We are vacating the unit is: _____

The final day of occupancy will be the _____ day of _____, 20____.

I/We have read the above terms and agree to them:

Signature of Resident Date

Forwarding address: _____
Street Address

City State Zip

For Office Use Only

Enter Date in AppFolio: _____ Upload Date in AppFolio: _____

Management Signature _____ Date Received _____