

7710 NE Vancouver Mall Dr Ste B
 Vancouver, WA 98662

NTV received by: _____
 Date received: _____

Notice to Vacate

Resident Name(s) _____ and all others.
 Address _____ # _____, _____, WA _____

Resident's 20 Day Notice to Vacate (Washington Law)

Pursuant to Washington Law, I/We, the undersigned resident(s), hereby give 20 days notice to vacate the premises at the above-described address. It is agreed this notice terminates the tenancy on ____/____/____. (Termination must be the last day of the month. Notice must be given at least 20 days before the end of the month; otherwise, tenancy continues until the end of the next month).

*****OR*****

Resident's 30 Day Notice to Vacate (TMG Allowance for tenants who are MTM or have fulfilled lease)

I/We, the undersigned resident(s), hereby give 30 days notice to vacate the premises at the above-described address. It is agreed this notice terminates on ____/____/____. (Termination can be any day of the month. Notice must be given at least 30 days before the date of termination; otherwise, tenancy continues until the end of the next month)

Last Month's Rent \$ _____ /days in month X _____ days of occupancy=**Prorate Due** \$ _____

Lease Termination

Only use this section if Resident is terminating lease early, in addition to giving proper notice, above.

Lease Termination Fee: Rent \$ _____ X _____ Equals \$ _____
 Lease Termination Admin Fee: \$ _____
 Concession Payback: \$ _____
 Total Due: \$ _____

Resident(s) recognize that failure to vacate on the date set forth above will cause the Owner/Agent to suffer damages because of inability to gain access for maintenance or turnover work or to allow new residents to move in. The amount of these damages will be difficult to determine but will be substantial. Therefore, the Resident(s) agree that if they fail to vacate by the date set forth above, they will pay Owner/Agent liquidated damages of twice the daily rental charge.

Tenant Signature _____ Date _____

Tenant Signature _____ Date _____

Tenant Signature _____ Date _____

Reason you are moving? _____

Phone numbers for permission to enter and appointment scheduling: Home _____

Work _____

Email Address _____ Cell/Other _____

Forwarding Address _____ City _____ ST _____ Zip _____

Please remember to contact the utility companies for final billing, requesting that your account be closed as of your last day of tenancy, listed above. Please request that services NOT be shut off, simply transferred back to Owner/Agent/Apartment Community (whichever is applicable). A closing statement, together with any deposits due, will be mailed to you within 21 days from the date the keys were returned to the Owner/Agent/Apartment Community. We thank you for your tenancy & wish you well in your new home!