SON-RISE

PROPERTY MANAGEMENT, INC.

NOTICE OF INTENT TO VACATE

Today's Date: _____

Name(s): _____

Address: _____

Date to Vacate: _____ Reason for Leaving: _____.

Forwarding Address: _____
Street Apt #

_____
City State Zip

Phone Number: _____ E-Mail: _____

☐ Phone ☐ Text Message ☐ E-Mail

I understand my lease requires (20) days written notice before the end of the rental period. If I give improper notice I may forfeit my deposit and/or be liable for rent loss during the next rental period if the unit remains vacant. I understand I must turn in all keys to Son-Rise Property Management Inc. office (109 E Chestnut Street, Bellingham, WA) by midnight on the last day of the rental period. In accordance with Landlord Tenant law RCW 59.18.310 I understand that my deposit or a list of charges against my deposit will be mailed to the forwarding address given above.

Son-Rise Property Management Inc. will give residents 24 hours notice of intent to enter in order to show the unit to prospective applicants. Showings are done Monday through Friday 9am to 5:15pm and on Saturdays from 10am-3:30 pm. Please call the office at (360) 738-3700 to make special showing arrangements.

_____ _____
Tenant Signature Date Tenant Signature Date

_____ _____
Tenant Signature Date Agent Signature Date