



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 twenty (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 must turn in all keys to the unit to Son-Rise Property Management Inc. office (109 E. Chestnut Street, Bellingham, WA) by midnight on the last day of the rental period. I understand that my deposit or a list of charges against my deposit will be mailed to the forwarding address given above within Twenty-One (21) days after keys are surrendered or notification has been given.

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