

Apartment 60 Day Notice Form

Tenant Information

Full Name(s): _____

Apartment Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Landlord/Property Management Information

Landlord/Property Manager Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Number: _____ Email: _____

Reason for Notice

End of Lease Term

Relocation

Purchase of Home

Other: _____

Notice Details

Date Notice Issued: _____

Last Day of Tenancy: _____

Forwarding Address for Security Deposit Refund:

Outstanding Obligations

Check if applicable:

Rent Due: _____

[] Utilities Due: _____

[] Other Fees: _____

Tenant Signature(s)

I/We, the undersigned, hereby provide the required 60-day notice to vacate the above apartment as per lease agreement.

Signature(s): _____ Date: _____

For Office Use Only

Received By: _____ Date: _____

Remarks: _____