

## **30-DAY NOTICE**INTENT TO VACATE FORM

Date:

## **30-DAY NOTICE CANCELLATION/EXTENTION FORM**

Name:		Address:
Phone:		City/State/Zip:
I Wish To:	<ul><li>Cancel My 30 Day Notice</li><li>Extend My 30 Day Notice</li><li>Until://///</li></ul>	Original Move-out Date:
Reason:		
Signature:  Received By:		Date: / / Date: / /

Medford – 718 Black Oak Drive, Suite A, Phone 541-773-6400 Fax 541-776-4589 Ashland – 1875 Hwy. 99 N, Suite 10, Phone 541-482-0326 Fax 541-482-1118 Grants Pass – 980 SW 6th St. Suite 16, 541-955-9193 Fax 541-955-5038

Property Manager Approval:\_\_\_\_\_