

Property Code: _____ Unit: _____ PM: _____ Scan Date: _____ Initials: _____

OFFICE USE ONLY



TENANT'S 30-DAY NOTICE OF INTENT TO VACATE PREMISES
USE THIS FORM IF ALL RESIDENTS MOVING OUT

Property Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

Reason For Moving: _____

Date: _____; Time delivered to Landlord: _____ Or; Date Mailed: _____

In accordance with our Rental Agreement, please accept this as a 30-day notice of our intent to move from the rental property and terminate our Rental Agreement. We will hand in our keys and deliver possession of the rental property on _____, 20____.

If tenant remains in possession without the owner/agent's consent after expiration of the term of the rental agreement or its termination, the owner/agent may bring an action for possession and if the tenant's holdover is willful and not in good faith, the owner/agent may also recover not more than two month's periodic rent or twice the actual damages sustained, whichever is greater.

It is agreed and understood that premises may be shown at reasonable times prior to the expiration of this notice, after owner/agent issues appropriate notice to enter. Owner/Agent will give 24 hour notice prior to showing. It is also agreed that Owner/Agent may have access to the exterior of the property to place a For Rent sign in a reasonable place.

*** For your protection, CPM will immediately cancel any recurring online payments scheduled for your account. For any remaining payments, you will need to either log in to your online account and make one-time payment(s) or mail or drop off a check, cashier's check or money order to one of our offices.***

Your 30 days takes effect the day WE RECEIVE YOUR COMPLETED NOTICE. Tenant(s) hereby certifies that payment for all utilities is current. Tenant(s) understands that the security deposit may not be used as last month's rent. Rent must be paid through the date indicated above.

MAIL DEPOSIT REFUND TO (all residents will be named on the check but we need one address to mail it to):

Resident Name	Street Address	City	State	Zip
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By signing below, I acknowledge that I have completely read and fully understand the provided information. I am also aware that CPM will immediately cancel any auto/recurring rent payment schedules that I have currently set up. I understand that I can make any remaining payments at any of CPMs offices or by setting up a one-time payment(s) using my online account.

1. _____
Resident Print Name _____ *Signature* _____ *Date* _____

_____ *Forwarding Street Address* _____ *City* _____ *State* _____ *Zip* _____

2. _____
Resident Print Name _____ *Signature* _____ *Date* _____

_____ *Forwarding Street Address* _____ *City* _____ *State* _____ *Zip* _____

3. _____
Resident Print Name _____ *Signature* _____ *Date* _____

_____ *Forwarding Street Address* _____ *City* _____ *State* _____ *Zip* _____

4. _____
Resident Print Name _____ *Signature* _____ *Date* _____

_____ *Forwarding Street Address* _____ *City* _____ *State* _____ *Zip* _____