

VACATE NOTICE
MONTH TO MONTH TENANCY
20-DAY NOTICE OF INTENTION TO MOVE

initial **WASHINGTON STATE LAW REQUIRES YOU GIVE AT LEAST 20 DAYS NOTICE PRIOR TO THE END OF THE MONTH YOU WISH TO VACATE.** For Example: If you wish to vacate September 30th, your notice must reach our office no later than September 10th (20 days prior to the end of the month). IF THIS NOTICE FALLS AFTER THE CUT OFF IT WILL BE CONSIDERED IMPROPER AND YOU WILL BE FULLY RESPONSIBLE FOR RENT FOR THE ENTIRE NEXT MONTH.

initial Pursuant to Washington Law, I/we the undersigned resident(s), hereby give written notice to vacate the premises. I/we will vacate the home on _____ and will return the keys to the office before **12:00 Noon** of the previous listed date. YOU WILL BE RESPONSIBLE FOR THE ENTIRE MONTH'S RENT, EVEN IF YOU DECIDE TO VACATE EARLY. If the unit is re-rented, you will be refunded any rent money collected from the new resident. You must obtain our prior written approval to change or retract the move-out date. You may not hold over beyond the above move-out date. If the dwelling is relet to others after we receive this notice, you will not be granted any extensions. We and any new resident may rely on this move-out notice for all purposes.

initial In order to avoid further charges I/we are aware keys are required to be in the office no later than **12:00 Noon** on the above listed date. If the keys are not received in the office on time a charge of **\$100.00 per day** will automatically be applied to your account.

initial **OWNER RESERVES THE RIGHT TO SHOW THE UNIT AFTER NOTICE OF TERMINATION OF TENANCY HAS BEEN GIVEN IN ACCORDANCE WITH LANDLORD TENANT-LAW. (RCW 59.18.150)**

LEASE TENANCY
30-DAY NOTICE OF INTENTION TO MOVE

initial **WASHINGTON STATE LAW REQUIRES YOU GIVE AT LEAST 30 DAYS NOTICE PRIOR TO THE END OF THE MONTH YOU WISH TO VACATE.** IF YOUR LEASE EXPIRES ON THE LAST DAY OF THE MONTH YOU INTEND TO MOVE, AND THIS NOTICE FALLS AFTER THE CUT OFF IT WILL BE CONSIDERED IMPROPER AND YOU WILL BE FULLY RESPONSIBLE FOR RENT FOR THE ENTIRE NEXT MONTH.

initial If your lease agreement does not expire on the day of the month you intend to move, you will be responsible for the full term of your lease. A releasing fee of \$175.00 will automatically be charged to your account.

initial Pursuant to Washington Law, I/we the undersigned resident(s), hereby give written notice to vacate the premises. I/we will vacate the home on _____ and will return the keys to the office before **12:00 Noon** of the previous listed date. I/WE UNDERSTAND THAT I/WE WILL BE RESPONSIBLE FOR THE ENTIRE MONTH'S RENT, EVEN IF YOU DECIDE TO VACATE EARLY. If the unit is re-rented, you will be refunded any rent money collected from the new resident. You must obtain our prior written approval to change or retract the move-out date. You may not hold over beyond the above move-out date. If the dwelling is relet to others after we receive this notice, you will not be granted any extensions. We and any new resident may rely on this move-out notice for all purposes.

initial In order to avoid further charges I/we are aware keys are required to be in the office no later than **12:00 Noon** on the above listed date. If the keys are not received in the office on time a charge of **\$100.00 per day** will automatically be applied to your account.

initial **OWNER RESERVES THE RIGHT TO SHOW THE UNIT AFTER NOTICE OF TERMINATION OF TENANCY HAS BEEN GIVEN IN ACCORDANCE WITH LANDLORD TENANT-LAW. (RCW 59.18.150)**

Print Name

Print Name

Signature

Signature

Date

Date

VACATE NOTICE

initial _____ I/we, the below named tenant(s), hereby give notice of my/our intent to vacate the below listed apartment and terminate my/our tenancy on _____. I/we will deliver possession of the apartment to the landlord, by returning the keys to the apartment, to the landlord, no later than **12:00 Noon** on the above noted date. I/we understand that it is my/our responsibility to provide a valid forwarding address. If a check must be re-issued because of an incorrect address, I/we will be responsible for a \$35.00 stop payment fee.

TODAY'S DATE: _____

Name: _____

Name: _____

Current Address: _____

Current Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Forwarding Address: _____

Forwarding Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

SIGNATURE OF RESIDENT

SIGNATURE OF RESIDENT

Please choose your preferred method of contact for all future correspondence. We are happy to accommodate your request.

Phone Call ____ Email ____ Text Message ____ Other _____

- | | | |
|------------------------------|--------------------------|----------------------------------|
| _____ Relocation for job | _____ Poor Maintenance | _____ Better Apartment |
| _____ Home Purchase | _____ Housing Assistance | _____ Bothered by Noise |
| _____ Unit too large | _____ Medical Relocation | _____ Bothered By Parking |
| _____ Unit too small | _____ Better Amenities | _____ Renting Single Family Home |
| _____ Bothered by Pets | _____ Rent too High | _____ Bothered by Neighbors |
| _____ Pet Permissive housing | | |

Thank you for your residency. Is there anything that the Graf Investments team members can do to improve the service to our residents?

OFFICE USE ONLY			
Lease Exp _____ OR M2M <input type="checkbox"/>	Proper <input type="checkbox"/> Improper <input type="checkbox"/>		
Rent <input type="checkbox"/>	Rent Refund: Yes <input type="checkbox"/> No <input type="checkbox"/>	4% <input type="checkbox"/>	Make Ready <input type="checkbox"/>
Flyer <input type="checkbox"/>	Scan & Attach <input type="checkbox"/>	FWD ADD <input type="checkbox"/>	RENT LIST <input type="checkbox"/>
Other _____	<input type="checkbox"/> CDam Utilities		