UNIVERSITY STUDENT APARTMENTS
INTENT TO VACATE

Resident: ___________________________________________

University Village
Medical Plaza
Fort Douglas

Apartment #: _______________ Moving Date: _______________

Telephone #: _______________________________________
uNID: _____________________________________________

I hereby give the required minimum 30-day advance notice that I will vacate the apartment listed above. I understand that I will be responsible for at least 30 days of rent from the business day this notice is received by the University Student Apartments Main Office, or through the moving date listed above, whichever is greater. Notices received after 4:30 PM will be considered received the next business day.

If I vacate the apartment in less than 30 days, I accept responsibility to pay rent through the required 30 days. I understand that my right-of-entry to the apartment terminates when the keys are turned in, although I will still be responsible to pay rent through the full 30-day period.

I understand that the apartment must be left in the condition outlined in the Vacating Procedures information found on the University Student Apartments website www.apartments.utah.edu.

I understand that I will be charged for keys and/or modem (including power supply, filter and cables/cords) if not returned to the University Student Apartments Main Office front desk or After Hours Drop Box located in the foyer by midnight on the Rent Charged Through date.

I understand this Intent to Vacate notice cannot be canceled or changed once received by University Student Apartments.

According to the Rental Agreement (“Failure to Vacate” section), I understand that University Student Apartments may assess me treble (triple) damages, or $100.00 per day, whichever is greater, as a result of my failure to vacate the premises by the required 30 days. I understand that the University of Utah and/or the incoming resident may, under applicable state laws, take legal action against me for damages for failure to deliver possession of the apartment on the date promised on this vacating notice.

Please send any remaining deposit to:     Reason for moving:

☐ Credit/Debit Card – Must provide credit or debit card information to cashier
☐ Check - Mail check to address below:

__________________________________________________
__________________________________________________

I hereby certify that I have read and understand this notice.

__________________________________________________     __________________________
Resident Signature                   Date

__________________________________________________    ___________________________
University Student Apartments Representative            Received Date

OFFICE USE ONLY:

Tenant #:
Bedroom(s):  1  2  3
Prorated Rent:
Move Out Info Emailed ☐
Rent Charged Through: _____/_____/____
Maint. Comp Date: _____/_____/____
RA Inspection Date: _____/_____/____

Revised 08/15