

UNIVERSITY STUDENT APARTMENTS INTENT TO VACATE

Resident: _____

Apartment #: _____

University Village
 Medical Plaza
 Fort Douglas

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.

OFFICE USE ONLY:

Tenant #:
 Bedroom(s): 1 2 3
 Prorated Rent:
 Move Out Info Emailed
 Rent Charged Through: ____/____/____
 Maint. Comp Date: ____/____/____
 Inspection Date: ____/____/____
 Date Available: ____/____/____
 Pre & MO Inspection Created
 WOs Created
 Final Inspection Created

Reason for Moving:
 Graduation Purchasing a House Found Other Housing Family Circumstances Other _____

Please rank your satisfaction with your stay at University Student Apartments 1 2 3 4 5 (5 being very satisfied)

Please rank your satisfaction with Maintenance 1 2 3 4 5 (5 being very satisfied)

Did you participate in the University Student Apartments Community Events? Yes No

What did you like most about living in University Student Apartments? _____

What did you like least about living in University Student Apartments? _____

Do you have any overall comments to help us improve University Student Apartments?

I hereby certify that I have read and understand this notice. I understand I must provide credit/debit card information to the cashier. Card will be used for security deposit refund or charged for unpaid account balance.

 Resident Signature

 Date

 University Student Apartments Representative

 Received Date