

SUNNYSIDE APARTMENTS FAMILY HOUSING INTENT TO VACATE

Resident: _____

Apartment #: _____

Move Out 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 Sunnyside 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 for paying 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 Sunnyside Apartments website www.apartments.utah.edu.

I understand that I will be charged for keys if not returned to the Sunnyside Apartments Main Office front desk or the After Hours Key Drop 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 Sunnyside Apartments.

According to the Rental Agreement ("Failure to Vacate" section), I understand that Sunnyside 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:

Rent Charged Through: ___/___/___

Move Out Info Emailed

Pre & MO Inspection Created

WOs: Keys Paint

Make Ready Date: ___/___/___

Inspection Date: ___/___/___

Date Available: ___/___/___

Final Inspection Created

Available Date Updated

Reason for Moving:

Graduation Purchasing a House Found Other Housing Family Circumstances Other _____

Please rank your satisfaction with your stay at Sunnyside 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 Sunnyside Apartments Community Events? Yes No

What did you like most about living in Sunnyside Apartments? _____

What did you like least about living in Sunnyside Apartments? _____

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

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

Resident Signature

Date

Sunnyside Apartments Representative

Received Date