

## **MOVE-OUT AGREEMENT**

We Hope You Enjoyed Your Time!

Name:	e: Apartment Number: I	Date:
Please in	nitial below to confirm that you have read and agree to these statem	ents:
	I understand that I will be charged for any unreturned keys (\$50 parking pass (\$25).	Key Fob, \$50 Mail Key) and
	I understand that I am responsible for any damages found in my unit. Damages found in the common areas will be charged to all roommates.	
I take ful	all responsibility for the following damages in the common area, if	any:
	FORWARDING ADDRESS	
	Below is my forwarding address for account purp	ooses:
	Address 1:	
	Address 2:	
	City: State: Zip:	
	KEYS & PARKING PASS	
I AM RET	ETURNING THE FOLLOWING:	
	Key Fob	
	Mailbox Key	
	Parking Pass	
PRINT N	Name:	
SIGNATI	TURE:	



FOR OFFICE USE ONLY:	
Amount Due on Account: \$Paid Prior to Move-Out? □ No □ Yes Check #	_
Leasing Professional:	