

TENANT VERIFICATION OF MOVE-OUT

Tenant Name: _____
(Print Name)

Name of person returning keys: _____
(Print Name)

Forwarding Address: _____
(Address) City/State/Zip

Contact Phone Number: _____

Address of Unit: _____

Vacate unit date: _____

DATE KEYS RETURNED: _____

Tenant Signature: _____ Date: _____

Other Signature: _____ Date: _____

**TENANTS WILL BE MOVED OUT AT THE DATE
THE KEYS WERE RECEIVED BY OUR OFFICE**