NOTICE OF INTENT TO MOVE-OUT

(Revised January 6, 2022)

LAFAYETTE GREGG APARTMENTS

LAFAYETTE STREET APARTMENTS

Mailing Address: 620 W Lafayette St, #4, Fayetteville, AR 72701 M: 479.530.8258 | E: info@kellyprop.com | W: kellyprop.com

Each vacating resid	lent of the dwelling unit must	fill out a copy this form and return it.
Date of Notice: Nar	ne of Resident:	Unit or House #:
term or renewal period, whichever	is in effect. This is written notice of	itten notice by midnight Feb 1 of the Lease Contract my intent to vacate the premises. I, the undersigned, g unit on or before the day of 20
(Note to Tenant: If you have fulfill your liability is not limited to the a		ay anticipate a deposit refund. Please keep in mind that
I understand and agree:		
That this Notice of Intent to M Lease Contract term or renewa		elling Unit Lease Contract sooner than the end of the
• I am responsible for any and a date indicated above.	Il costs incurred by any other party of	ue to my failure to vacate the premises on or before the
• I may not rescind this notice n owner/manager.	or may I change the date of vacating	except by written consent of the property
• Where applicable I am respons	sible for all incurred utility bells thro	ugh the end of the lease term.
I am responsible for the full last month's rent and that neither my Security Deposit nor any Pet Deposit be applied tow payment of any rent due.		
• That the dwelling unit will not	t be considered vacated and I will be	responsible for rent until ALL keys are returned.
That submitting this notice does not relieve me of any liability that I may have under my present Dwelling Unit Lease Contract including liability for the entire Dwelling Unit Lease Contract term if I move out early except under the milit clause.		
		my electronic signature to be valid and binding upon t I may still be required to provide a traditional
	nd all reasonable times, beginning wi	the dwelling unit accessible to show prospective th the passage of the deadline for submission of this
Please send my deposit disposition	form and any due refund to my new	address:
Street address		
City	State	Zip Code
Reason for Vacating:		
Resident's Signature:		Date Vacating:
Please return this fo	orm to either the rent drop or to the a	ppropriate address at the top of this form.
	Office Use Onl	y
Received by:		Date: