# Notice of Resident's Intention to Vacate

Please COMPLETE, SIGN and FAX this notice to (310) 400-5826

First name

Last name

Property address

Unit #

Work number

Cell number

This is to notify Cambridge Partners, that I/we intend to vacate the above apartment and give up possession on the following date

Month _____

Day _____

Year _____

Cambridge Partners is authorized to re-let the apartment on the next day

Reason for vacating

_____

_____

Resident's forwarding address (needed to return any deposit)

Street address

City, State and Zip

Resident's signature _____ Date _____