

RE/MAX Advantage Property Management 5590 N Academy Blvd Colorado Springs, CO 80918 719-264-4394 www.proadvantagepm.com

NOTICE TO VACATE

This notice must be signed by all residents listed on the lease agreement. Return to RE/MAX Advantage by email: proadvantagepm@gmail.com

Date:Prope	rty Address:		_	
I /We (list resident's names)_			_	
do hereby give notice to vaca	te the property and will return keys by	5pm on the date of:	·	
	dge that we are bound by the terms o y responsibilities or obligations for suc			
Resident (print name)	Resident (signature)	Date		
E-Mail	Cell Phone	Home Phone		
Resident (print name)	Resident (signature)	Date		
Resident (print name)	Resident (signature)	Date		
If there are more lease holde	rs that need to sign, please use anoth	er NTV form or another sheet of pap	per.	
If you have a garage keypad, v	what is the current garage entry code:			
Address to mail your Security	Deposit to:			
Reason you are moving:				
To be completed by RE/MAX	Advantage Property Management			
Notice Received on	(date), by	(staff men	(staff member)	
Lease expiration date:				