

TEXAS RESIDENTIAL MANAGEMENT INTENT TO VACATE FORM

Date: _____ Name: _____

Property Address: _____
Street/Apt. City Zip

Date Vacating: _____ Requested Evaluation Date: _____

**You must be completely moved out and prepared to return the property to us on this date. **Utilities must be on for the inspection.*

Reason for Vacating: _____

Roommates must submit separate forwarding addresses to be eligible for separate refunds.

Forwarding Address: _____ Phone #: _____
 _____ Other: _____

In order to avoid being charged for the following, you are required to submit receipts to our office on or before your move out date. If these items are not completed, you will also be charged for utilities.

Cleaning	* MVP Professional Services (254) 245-2830/432-9434 * Anna's Premier Services (510) 604-1320 * Claudia's Cleaning Crew (254) 458-0059
Carpet Cleaning	* Pristine Home and Carpet Care (254-289-9767 * Bell County Carpet Cleaners (254) 933-8989
Pest Control	* Advanced Termite & Pest Control (512) 556-0489 * Arrington Pest Control (254) 634-9550

- *These are our preferred vendors - you are not required to use them.*
- *Please note: if we do not consider your chosen vendor's work to be satisfactory, a charge for the required items will be deducted from your security deposit.*
- *All Utilities must be on for 10 days after your keys have been turned in to our office.*

I acknowledge that this does not release me from any damages or cleaning to property listed above. All terms of the current lease apply. Active Duty Military: I understand that my move out notice will not release me from my contract if I do not submit a copy of my orders at least within 30 days of move out.

 Tenant Signature

 Date

 TRM Representative Signature

 Date

FOR OFFICE USE ONLY:

Lease Expiration Date: _____ Property owner last name: _____