



Charlestown Crossing
LUXURY APARTMENTS

45 Day Notice to Vacate

Resident's Name _____ Apt. _____

Resident's Telephone Number _____

Lease Date: From _____ To _____ Monthly Rent _____

Date Notice Was Given _____

I intend to vacate the above premises on or before _____

1. Reason for vacating _____

2. Features I enjoyed most were _____

3. Features I did not like _____

4. My forwarding address is _____

I understand that this is notice of termination of my lease agreement. I also understand that I may revoke this notice of termination within five (5) days of the date notice is given. After the five (5) days this notice is final and cannot be revoked or withdrawn without written permission from the management of Charlestown Crossing Apartments. This notice is made voluntarily and the apartment will be vacated by the date specified. I also understand rent will be due until this date irregardless of whether I move out earlier. I understand this apartment will be pre-leased to another tenant based on the move out date I have given. I further reiterate and affirm managements legal right to utilize the security deposit for any repairs to unit number _____ and/or debts owed to Charlestown Crossing Apartments and/or damages incurred for failure to perform lease terms. If Apartment _____ is not vacated on or before _____ I agree on that date to pay as damages to Charlestown Crossing Apartments an amount equal to three (3) months rent as damages incurred by the apartment property or owner by failure to vacate.

Date _____ Resident's Signature _____

Received By _____ Resident's Signature _____

Initial/Date _____