## square

## notice of resident(s) intent to vacate

(PLEASE PRINT LEGIBLY)

2040 Bancroft Way, Suite 301 • Berkeley, CA. 94704 Tel 510.900.5200 | Fax 510.883.1354 www.squareonemanagement.com

Property Address:				
All Resident Name(s):				
To: Square One Management				
I/We the RESIDENT(s) of the abvacate this apartment on (mm,		give you my/our (circle one) 60 / 	90 day notice	that I/We intend to
Phone Number(s):		(1)		(2)
Email(s):		(1)		(2)
tenancy for the purpose of given to avoid certain deductions from	ode §1950.5 you have the rig ving you an opportunity to r om your security deposit. Ti If you wish to have an inspe	ght to request an inspection of the Fremedy deficiencies (consistent with his inspection can be conducted no exciton please contact your Manager.  Agreement is as follows:	you lease or rer earlier than two	ntal agreement), in order
FORWARDING ADDRESS: (Addrewing an addrewing specified in addrewing specified specified in addrewing specified in addrewing specified specif	, ,	rill be mailed to, the check will have and a signature):	the names of all	the undersigned on it
Street		City	State	Zip
Resident 1 Signature	 Date	Resident 2 Signature		Date
Resident 3 Signature	Date	Resident 4 Signature		Date
Resident 5 Signature	 Date	Resident 6 Signature		 Date



## notice of resident(s) intent to vacate letter

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We, the tenants of	,
(Write full address of your Square One	Management Apartment)
are in agreement that	should receive the security deposit in his or her name.
(Select only one resident's name)	
As well, the security deposit check should be mailed to following forwarding	ng address:
ALL RESIDENTS MUST SIGN THIS LETTER, INCLUDING THE RESIDE	NT THE SECURITY DEPOSIT CHECK WILL BE MADE OUT TO
Resident 1 Signature	Date
Resident 2 Signature	Date
Resident 3 Signature	Date
Resident 4 Signature	_Date
Resident 5 Signature	Date
Resident 6 Signature	Date

THANK YOU FOR CHOOSING SQUARE ONE MANAGEMENT