

Dakota Commercial & Development Co.

30 DAY NOTICE TO VACATE

Current date: _____

Lease Expiration: _____

Current address: _____

Reason for moving (select one):

- | | |
|---|---|
| <input type="checkbox"/> Moving out of area | <input type="checkbox"/> Building too loud/don't get along with neighbors |
| <input type="checkbox"/> Moving to another Dakota Commercial property | <input type="checkbox"/> Medical necessity |
| <input type="checkbox"/> Rent too high | <input type="checkbox"/> Renting a house |
| <input type="checkbox"/> Need more space | <input type="checkbox"/> Buying a house |
| <input type="checkbox"/> Need a more convenient location | <input type="checkbox"/> Other (please specify): _____ |

I/We _____ do hereby give notice to vacate the Property stated above. **I/We do acknowledge that I/we are responsible for rent through our move-out date (at least 30 days from the day this notice is received by Management), or until the end of my/our Lease period, whichever is longer.**

I/We will be completely moved out and will turn in the keys to a **Dakota Commercial & Development Co. representative** no later than _____. **If keys are not surrendered by this day, I/we understand that I/we will be charged for rent for each day until the keys are returned.** Any changes to the move-out date must be submitted in writing to Management. **I/we understand that if I/we choose to forego the checkout appointment, I/we have no recourse in disputing the deposit returned should Dakota Commercial feel additional cleaning/maintenance necessary for re-rental.**

Mail Security Deposit/Damage Disposition To:

Roommate forwarding address:

Name: _____
Street address: _____
City, State and Zip Code: _____
Phone number: _____
Email address: _____

Name: _____
Street address: _____
City, State and Zip Code: _____
Phone number: _____
Email address: _____

Cancel ACH for account ending in _____ effective ____/____/____

Cancel ACH for account ending in _____ effective ____/____/____

Roommate forwarding address:

Roommate forwarding address:

Name: _____
Street address: _____
City, State and Zip Code: _____
Phone number: _____
Email address: _____

Name: _____
Street address: _____
City, State and Zip Code: _____
Phone number: _____
Email address: _____

Cancel ACH for account ending in _____ effective ____/____/____

Cancel ACH for account ending in _____ effective ____/____/____

(Resident) (Date Signed)

(Resident) (Date Signed)

(Resident) (Date Signed)

(Resident) (Date Signed)

Received
By _____
(Management) (Date)
Dakota Commercial & Development Co.
Office: (701)772-3101
Emergency After Hours (218) 791-9939

FOR OFFICE USE ONLY:
Approved move-out date _____
Prorated rent amount _____