

Dakota Commercial RESIDENT'S NOTICE TO VACATE

Current Date: _____ Lease End Date: _____

Property Address: _____

Reason for Moving (select one):

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

I, _____ (Resident) do hereby give **Notice to Vacate** the Premises described above. **I acknowledge that I am responsible for rent through my approved move-out date, or until my Lease End Date, whichever is longer.** I understand that Management may show my Rental Unit to prospective Tenants if there are no vacant units of the same style/floor plan available; **and that Management will give me at least a 24-hour notice prior to these appointments.**

I will have all of my personal belongings removed from the Premises and have it clean and ready for my exit inspection no later than _____ (Move-out Date) and I will return all keys/fobs and garage door opener(s) to Management on or before this date. I understand that upon my surrender of keys/fobs, any items I may have left behind will be disposed at my expense. **I also understand that if I fail to return all keys/fobs and garage door opener(s) on or before the approved move-out date, I will continue to be charged Rent for the Premises until I do so; and/or I will be responsible for the cost to change the locks and replace all keys/fobs and garage door opener(s).**

I understand that **any changes to the above-requested move-out date must be submitted in writing to Management for approval.**

My exit/move-out inspection has been scheduled and is noted below. I understand that if I choose to forego said exit/move-out inspection, **I will have no recourse in disputing the amount of Security Deposit returned to me** should Management deem additional cleaning or repairs are necessary for re-rental. A pre-move-out inspection will be completed between 9:00am-5:00pm on the date listed below and that it will take no longer than 10 minutes.

I understand that once I have submitted my Notice to Vacate, my tenant status will change from "Current" to "Notice" and **any/all recurring electronic payments will be deactivated; and any/all future payments must be made manually by me or via written request to Management to make a one-time electronic payment for me.**

Mail Security Deposit and itemized list of damages to:
 Name: _____
 Street address: _____
 City, State and Zip Code: _____
 Phone number: _____
 Email address: _____

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

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

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

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed

Dakota Commercial
 Main Office: (701) 772-3101
 Campus Place Commons: (701) 757-1521
 Emergency After-hours Maintenance: (218) 791-9939
office@dakotacommercial.com

For Office Use Only:

Approved Move-out Date: _____

Prorated Rent Amount: _____

Pre-Move-Out-Inspection Date: _____

Exit/Move-out Inspection Date and Time:

