



## NOTICE TO VACATE

**This notice must be signed by all residents listed on the lease agreement. Return to Grace Management by email: [RSC@RentGrace.com](mailto:RSC@RentGrace.com)**

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

I / We \_\_\_\_\_ (List Residents name)

do hereby give notice to vacate the property and will return keys by noon on the **date** of: \_\_\_\_\_.

If your requested vacate date is prior to your lease end date, complete this form as well as page 3 to confirm the terms for breaking your lease.

We understand and acknowledge that we are bound by the terms of the Residential Lease / Rental Agreement and this notice in no way releases us from any responsibilities or obligations for such Residential Lease / Rental Agreement.

\_\_\_\_\_  
Resident (print name)                      Resident (signature)                      Date

\_\_\_\_\_  
E-Mail    Cell Phone    Home Phone

\_\_\_\_\_  
Resident (print name)                      Resident (signature)                      Date

\_\_\_\_\_  
E-Mail    Cell Phone    Home Phone

\_\_\_\_\_  
Resident (print name)                      Resident (signature)                      Date

\_\_\_\_\_  
E-Mail    Cell Phone    Home Phone

\_\_\_\_\_  
Resident (print name)                      Resident (signature)                      Date

\_\_\_\_\_  
E-Mail    Cell Phone    Home Phone

\_\_\_\_\_  
Resident (print name)                      Resident (signature)                      Date

\_\_\_\_\_  
E-Mail    Cell Phone    Home Phone

**If there are more lease holders that need to sign, please use another NTV form or another sheet of paper.**

1. If you have a garage keypad, what is the current garage entry code: \_\_\_\_\_
2. Address you want the security deposit mailed to / your forwarding address: \_\_\_\_\_
3. What is the reason you are moving? \_\_\_\_\_
4. If the reason you are moving is related to a problem with the property, is there something that could be done to persuade you not to move at this time? \_\_\_\_\_
5. Please rate your experience with Grace Property Management by selecting a rating number below:
  - A. If you had any maintenance requests, how would you rate that experience?  
poor    average    excellent
  - B. How were you treated by the Grace Property Management team?  
poor    average    excellent
  - C. Rate your overall experience renting from Grace Property Management  
poor    average    excellent
  - D. Would you recommend Grace Property Management to someone looking to rent a property?  
Yes    No

**To be completed by Grace Property Management**

Received by Grace Management office on \_\_\_\_\_ (date), by \_\_\_\_\_ (initial) Lease expiration date: \_\_\_\_\_

**26. BREAKING YOUR LEASE**

Should you vacate the Premises at any time before the Lease Contract expiration date you shall continue to pay all rent, charges, fees, including utilities and lawn upkeep expenses. You shall pay these amounts as due, until either the Premises is re-rented, or until the Lease Contract expiration date, whichever occurs first. We shall make reasonable and customary efforts to re-rent the Premises. In addition to paying all sums due, you shall reimburse us our actual reletting costs and expenses. Costs and losses include, but are not limited to, advertising, showing the Premises to prospective tenants, utilities for showing, checking prospects, office overhead, marketing costs, locator-service fees, future or past-due rent, repayment of concession or discounts, leasing fees paid to Agent, charges for cleaning, repairing, repainting, or unreturned keys, or other sums due.

\*\* The above is an example only. Refer to your actual lease agreement for the full and actual language as well as the amount due.

**Lease Breaking Submission Form:**

**To be completed by Resident(s):**

Property Address: \_\_\_\_\_

I/We hereby exercise and agree to the Lease Breaking terms of my/our lease agreement for the above referenced property and will be vacating on \_\_\_\_\_ (date).

\_\_\_\_\_  
Resident (print name)

\_\_\_\_\_  
Resident (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident (print name)

\_\_\_\_\_  
Resident (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident (print name)

\_\_\_\_\_  
Resident (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident (print name)

\_\_\_\_\_  
Resident (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident (print name)

\_\_\_\_\_  
Resident (signature)

\_\_\_\_\_  
Date