



20 E Poplar, Ste 204B
 Walla Walla WA 99362
 509-526-7368 office
 509-529-0728 fax
 www.wallarent.com

Office Use Only:
 Accepted by: _____
 Date Received: _____

MOVE-OUT NOTICE

Rental Address: _____
 Name: _____
 Forwarding Address: _____
 City / State / Zip: _____
 Phones: Cell _____ Home _____ Work _____
 Please circle the best number to reach you during the day.

Date to Vacate: _____ **Date of this notification:** _____ **Lease Expiration Date:** _____

Are you breaking your lease? _____ If breaking your lease, a fee equal to one-half month's rent is due with your move-out notice.

Current Rent: _____ Reason for Moving: _____

Instructions for showing unit: _____

By your signature, you acknowledge the following:

MONTH-TO-MONTH TENANCY: I understand my contract requires a notice to vacate be given in writing 20 days before the end of the rental period. If I am giving improper notice, I may be liable for the rent loss during the next rental period until the unit is re-rented.

BREAKING A LEASE: If my Rental Agreement has not yet expired as of the date of my intent to move out, I understand that I am still liable for the terms and conditions of my Rental Agreement until such time as the unit is re-rented or my Rental Agreement expires, whichever occurs sooner. Unless otherwise stated in my Rental Agreement, I understand those terms and conditions include, but are not limited to: payment of rent, yard care, and payment of utilities.

I understand that I am responsible for costs incurred in re-renting my unit, including, but not limited to, a break-lease fee equal to one-half month's rent which is due with this notice.

SHOWING YOUR UNIT: I understand that pursuant to RCW 59.18.150 and the terms of my Rental Agreement Windermere Property Management has the right to enter my unit for the purpose of showing potential tenants prior to my vacating. I further understand that I will be given at least two days notice prior to the showing. I request notice be given to me in the following format (check one):

Phone Call/Voice Mail: _____ Notice on Door _____
 Email: _____ Fax: _____

 Tenant's Signature

 Tenant's Signature

Office Use Only:
 Date keys returned: _____
 Number of garage door openers: _____
 Number of door keys: _____
 Number of mailbox keys: _____
 TOTAL KEYS RETURNED: _____