1605 NW Monroe Ave., PO Box 1954, Corvallis, OR 97339, 541-754-1213, 541-753-4704 Fax

30-DAY NOTICE OF INTENT TO VACATE

TENANT NAME(S):	
[]	If your roommate plans to continue to occupy the unit, please check box. You will also need to complete the Roommate Release Form .
	If your roommate continues to occupy the unit, the deposit will stay with the unit and no deposit money will be refunded to you from PPM, at any time. Your name will be removed from the rental agreement once we have received the completed Roommate Release Form.
ADDR	ESS OF UNIT VACATING:
PHON	E NUMBER(S):
E-MA	L(S):
I/We v	vill be vacating our dwelling on and understand that I/we are ered to be in possession of the rental unit until all the keys have been returned to the office of Property Management, Inc.
RECEIV	further agree to pay for a minimum of 30 days of rent FROM THE DATE THAT THIS NOTICE IS FED AND DATED (commencing at 11:59 PM) by the office/agent of Pinion Property Management, swell as any other charges that may be presently due on my account, per my contractual nent.
I/We u of the vacate	gree to leave a valid forwarding address with Pinion Property Management, Inc. upon move-out. Inderstand that a final accounting and any deposits that are entitled will be mailed within 31 days date that all of the keys have been returned to the office. If the office is closed when the unit is d, keys may be returned in the drop box located by the front door of the office. I/We understand be keys must be placed in an envelope with name, address and key deposit date written on the ear.
TENAI	NT SIGNATURE(S):
FORW	ARDING ADDRESS:
CITY:	STATE: ZIP:
If no f	orwarding address or an incomplete address is provided, your deposit return will be sent to the ng address.
DATE:	
	ill receive a letter from us confirming your move-out date, balance of prorated rent due, ove-out instructions. Thank you for renting from Pinion Property Management, Inc.