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MOVE-OUT FORM

TO: _____

DATE: _____

COMPANY: _____

FAX NUMBER: _____

Property Manager/Agent is to complete **all** of the following information whenever a move-out occurs.

Development Name: _____

Unit #: _____ Vacated On: _____

Resident Name(s): _____

Date Rent Paid Through: _____

Rent Due Through: _____

Reason for Move-out: _____

COMMENTS: _____

Completed By: _____

Property Manager/Agent Signature

Telephone Number: _____

OFFICE USE ONLY:

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We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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