

RESIDENT'S 30 DAY NOTICE TO VACATE

NAME(S) _____ **DATE** _____

ADDRESS _____ **UNIT #** _____

CITY _____ **STATE** _____ **ZIP** _____

I/We, the undersigned resident(s), hereby give at least 30 days notice to vacate the above premises according to Oregon Law.

I/We will be vacating the premises on _____ **(month/day/year)**

I/We will deliver possession of said premises to the management on that date. It is agreed and understood that the premises may be shown at reasonable times prior to the date of vacating.

Residents recognize that failure to vacate on the date set forth above will cause the Agent/Owner to suffer damages due to inability to gain access for maintenance, turn-over work or to allow new tenants to move in. Therefore, Residents agree that if they fail to vacate by the date set forth above, they will pay Agent/Owner liquidated damages of \$ **(daily rental charge)** per day until possession is delivered to Agent/Owner.

PHONE _____ **(for notification to show premises to prospective tenants)**

EMAIL _____

FORWARDING ADDRESS _____

(this is where we will send any deposits refunded to you)

TENANT SIGNATURE _____ **DATE** _____

TENANT SIGNATURE _____ **DATE** _____

TENANT SIGNATURE _____ **DATE** _____

TENANT SIGNATURE _____ **DATE** _____

PLEASE INDICATE: Roommate Change ONLY _____ **Whole House/Unit Vacancy** _____

Return to:
Rental Management Services
PO Box 12247
Portland, OR 97212

Fax: 503-281-1260

Email: leslie@rmspdx.com