THE HOUSING AUTHORITY

CITY OF HOLLY SPRINGS

700 Hwy. 4 East • Post Office Box 550
Holly Springs, Mississippi 38635
Ph.: (662) 252-2971

Notice of Intent to Vacate

Date of Notice: _____

Name of Resident: _____ Telephone: _____

Apartment: _____

I, the undersigned, hereby serve notice that I intend to vacate the above mentioned apartment on the _____ day of _____ 20_____

1. I may not rescind this notice nor may I change the date of vacating except by written consent of the executive director.
2. I am responsible for all incurred utility bills through the date of actual vacating.
3. I understand that the apartment will not be considered vacated and I will be responsible for rent until ALL key's are returned.
4. I understand that submitting this notice does not relieve me of any liability that I may have under my present Lease Agreement.

COMMENTS:_____

_____

_____

I intend to move to:

_____ _____
Street address City

_____ _____
State Zip Code

Reason for vacating: _____

Resident's Signature _____Date Vacating: _____ 20___

Received By: _____

Date Received:_____