

30 Day Notice of Termination of Rental

Date: _____

30 day notice is complete on: _____

Name (s): _____

Address: _____

Monthly Rent Amount: _____

Reason for Moving: _____

Roommate Staying: Yes No The deposit stays with the property if a room mate stays.

Phone Numbers: Home: _____

Cell: _____

Work: _____

---I will provide Professional Management, Inc. a valid receipt for having the carpets cleaned.

---I understand that I am responsible for payment of rent for the above address for a period of 30 days from the date of notice or until re-rented, whichever comes first.

---I understand that I am responsible for the utilities until the end of the 30 days or until the unit is re-rented, whichever comes first.

---I understand that if damage occurs from lack of heat during this time, I may be held responsible.

---I authorize you to show the premises to prospective tenants upon giving a 24-hour notice. Showing letters are sent by mail.

---I understand that giving this notice does not relieve me of any liability that I may have under my present agreement, and I am complying with the State of Montana Law which requires a written 30 Day Notice. For your safety, do not show the property with out one of our agents!

---I understand that it is necessary to make arrangements for inspection during normal working hours (10 am – 4 pm). In the event I am not able to be present during the inspection, the keys will be left in unit, or returned to office.

My security deposit can be mailed to me at my **NEW ADDRESS**:

Name

Name

Address

Address

City State, Zip

City State, Zip

Signature

Signature

Internal Use Only

Property Number: _____

Entered Rental Sheet

Sign Date _____

Owner