

Dennis Housing Authority
167 Center Street
South Dennis, MA 02660
Tel (508) 394-3120 Fax (508) 760-2352 TTD (800) 439-2370

Tenant Move Out Notice

Name: _____

Address: _____

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

Calculated pro-rated rent due:

\$ _____

Move-out Inspection: _____

Move-out Inspection WO# _____

Letter sent: _____

Please accept this written 30-day notification that I will be vacating my residence from the address listed above effective _____.
(Move-out date)

I understand that a notice of **30 days** is required, which was stipulated on my original rental agreement and that I am responsible to pay rent through the required 30-day notice.

I understand that the apartment must be cleaned, and all items removed before it is turned back to the Authority. Trash will be placed in the receptacles outside. Large items like furniture, TV's, air conditioners, mattresses, etc. cannot be left for pick-up. If they need to be disposed of, they must be taken to the town's recycling center.

I will deliver all keys for the property and mailbox to the business office on or before the date indicated above.

My new mailing address is: _____

My new physical address is: _____

Please feel free to contact me by phone at _____ if you have any questions.

Signed: _____ Date: _____