

VACATE REPORT

MarshallApartments.com
Your one stop for off-campus-housing
1001 4th Avenue; Huntington, WV 25701
Phone 304.399.1300 ext. 3 Fax 304.399.1310

Tenant: _____
Property: _____
Apartment: _____ Date: _____

RESIDENT VACATE NOTICE

Current Date: _____ Phone Number: _____

Date and Time for Apartment Inspection _____, _____ AM/PM Apartment Number: _____
(Date) (Time)

I, _____ do hereby give my (30) days notice to vacate Apartment # _____
(NAME)

On _____ This document shall serve as your authorization to show the apartment after _____
(DATE) (DATE)

My reasons for terminating my lease are as follows: _____

My deposit is to be mailed to the following address: _____

Tenant Signature: _____ Date: _____

CHARGES AGAINST DEPOSIT IF NOT COMPLETED: Living room area: Cleaning of floors, window sills, light fixtures, switches and doors. **All carpets must be vacuumed and shampooed.** Kitchens: Clean inside and outside of all appliances, clean ovens, drip pans, knobs, and handles. Clean inside and outside of all cabinets and drawers. Sweep and mop floors. Bathrooms: Clean toilets (base and behind), clean bathtubs/ shower walls, cabinets, mirrors, doors, walls and fixtures. Bedrooms: Cleaning of floors, window sills, light fixtures/ switches, closets and doors. **All carpets must be shampooed.** Porches, Decks, and Entrance areas: Remove all debris, clean front door, back door, and threshold. **NO FURNITURE AND OR GARBAGE LEFT ON PREMISES. PET FRIENDLY UNITS MUST BE FLEA AND PET DANDER FREE. (AUTOMATIC 2 WEEK HOLD ON PET FRIENDLY UNITS TO ENSURE NO INFESTATION).**
*All Smoke detectors must be intact and in working order. All light bulbs should be working.

- OFFICE USE -

CHARGES AGAINST DEPOSIT:

SECURITY DEPOSIT REFUND:

The Apartment was inspected on _____ at _____
(Date)

And the following repairs were needed:

- Cleaning/Trash out \$ _____
- Carpet \$ _____
- Painting..... \$ _____
- Extermination..... \$ _____
- Appliances..... \$ _____
- Furniture..... \$ _____
- Mail Box Key \$ _____
- Other Damages..... \$ _____
- _____ \$ _____

Security Deposit Received..... \$ _____

Less Unpaid Rent..... \$ _____

Less Charges Against Deposit..... \$ _____

Other Charges:..... \$ _____

_____ \$ _____

Total Deductions \$ _____

AMOUNT STILL OWED \$ _____

Deposit Refund Amount: \$ _____

Refunded in Full Refunded in Part

Management Signature: _____

Date: _____