

30 Day Notice to Vacate

Please fill out the information requested below. **Return the document by email to onsite@rafcoprop.com or fax to 314.721.8533.** We will contact you after we receive your completed form. Thank you.

Date: _____ Property Name: _____

Resident Name: _____

Address: _____

Telephone Number & email: _____

I/We, the undersigned resident (s), hereby give at least 30 days written notice to vacate the above premises according to Missouri Law. I/We will be vacating the premises on _____. 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 within a minimum of 24-hour notice prior to the expiration of the Lease.

I/We recognize that failure to vacate on the date set forth above will cause the Owner/Agent to suffer damages due to inability to gain access for maintenance, turn over work or to allow new residents to move in. Therefore, Residents agree that if they fail to vacate by the date set forth above, they will pay Owner/Agent liquidated damages in the amount of double rent (to be determined by Lease rental amount) per day until possession is delivered to Owner/Agent. All keys and garage door openers must be returned to Owner/Agent. If keys are not turned in as scheduled, rent will continue to be charged.

Reason for Vacating: _____

Forwarding Address: _____

Resident Signature

Resident Signature

Resident Signature