RECEIVED IN HOUSING OPERATIONS (DATE STAMP)

SAGINAW HOUSING COMMISSION
PO BOX 3225
Saginaw, MI 48605-3225

NOTICE OF INTENT TO VACATE

Today's Date:

Resident Name:_____

Unit Address:_____

I intend to vacate on (Enter Date):_____

Do you pay your rent by an ACH rent withdrawal? _____ YES _____ NO

Forwarding Address:

_____
___
NUMBER STREET

_____
CITY AND STATE ZIP CODE PHONE NO.

Reason for Vacating: _____

Date Unit Vacated:_____

Number of Keys Returned:_____Date:_____

Number of Card Keys Returned: _____Card Key Nos.:_____

Resident's Signature:_____