



DATE STAMP HERE

FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES II, LLC

NOTICE OF INTENT TO VACATE (Return to fhc@tmo.com)

RESIDENT INFORMATION

Resident's Name: _____ Phone Number: _____

Address Vacating: _____, Fort Leavenworth, KS 66027

I AM MOVING BECAUSE

PCS Deployment Divorce Asked to Leave Moving Off Post

Resident will need to see Bookkeeper if selecting: ETS Retiring Chaptering

FORWARDING ADDRESS

Street Address, Apartment Number, City, State and Zip Code

NOTICE TO VACATE AGREEMENT

INITIAL: ____ I have received the 30-Day Notice to Vacate attachment MOVE-OUT INFORMATION SHEET

INITIAL: ____ I have received the 30-Day Notice to Vacate attachment MOVE-OUT CHECKLIST

Your signature below indicates that you have read this form and are hereby giving notice of intent to vacate your housing unit. You understand that you must complete a final move-out inspection with housing prior to your AG appointment. Please plan accordingly to avoid any delay in clearing post. The forwarding address listed above will be used for the return of any prorated rent allotment. I understand and agree that, in accordance with my Resident Occupancy Agreement, any outstanding charges on my account will be deducted from this final allotment payment.

Resident's Signature

Date

TO BE COMPLETED BY A HOUSING REPRESENTATIVE:

PRE-Inspection Date: _____ TIME: _____

FINAL Move-Out Inspection Date: _____ TIME: _____

Date of Orders: _____

Date Orders Attached to Notice to Vacate: _____

FLFHC Representative Signature: _____

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