



DATE STAMP HERE

FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES II, LLC

NOTICE OF INTENT TO VACATE (Must be submitted with current orders or proper documentation)

Tenant's Name: _____ Email Address: _____

Vacating Address: _____, Fort Leavenworth, KS 66027

Telephone #:(_____) _____ - _____ Secondary #: (_____) _____ - _____

Final Payment of Rent: As a reminder, rental payments are paid in arrears for all military residents.

Desired date to vacate home: _____ Date of HHG pick-up: _____

Forwarding Address (If you do not have a forwarding address, home of record is acceptable):

(Street) (Apt #) (City) (State) (Zip)

Reason for Moving: ETS PCS Deployment Retiring Divorce Medical Chapter Out Asked to Leave
Moving Off Post (Reason): _____ Date of ETS, Retirement, Chapter: _____

Tenant has read this form and hereby giving notice of intent to vacate housing unit. Tenant further understands that *a final move-out inspection must be completed with housing prior to AG appointment (if applicable)*. 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. Tenant understands and agrees that, in accordance with Occupancy Agreement, any outstanding charges on their account will be deducted from this final allotment payment (when applicable). If less than 30 days' notice is being provided resident is responsible for rent charges equal to 30 days from date of this notice.

By signing this form, Tenant agrees to the above terms and conditions of this agreement and has received the following attachments: **Resident Move-out Cleaning Options, Clearing Requirements, Estimated Cleaning Cost List.**

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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