



30 DAY NOTICE TO VACATE

LAST NAME _____ FIRST NAME _____

BUILDING/APT# _____

CLASSIFICATION _____

WCMC E-MAIL _____

OTHER E-MAIL _____

HOME TELEPHONE NUMBER _____

CELL TELEPHONE NUMBER _____

DATE VACATING _____

FUTURE ADDRESS

This address is being collected for administrative use only and is not applicable to the forwarding of mail. An official change of address for purpose to receive mail must be filed with the United States Postal Service. For residents at 455 and 465 Main Street, security deposit refunds will be sent to this address. Please allow 8 weeks to receive your refund.

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

PAYMENT PLAN: (PLEASE CHECK ONE)

DIRECT PAYMENT
PAYROLL DEDUCTION
PRE-PAID

I plan to fully vacate the apartment/room as noted. I have read and have fully complied with all the terms of the WCMC Housing License Agreement concerning checkout requirements and payment.

SIGNATURE

DATE