

Housing Office

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30 DAY NOTICE TO VACATE

LAST NAME		FIRST NAME	
BUILDING/APT#			
CLASSIFICATION			
WCMC E-MAIL			
OTHER E-MAIL			
HOME TELEPHONE NUMBER	<u> </u>		
CELL TELEPHONE NUMBER_			
DATE VACATING			
change of address for purpose to rece	ive mail must be filed with the U	DDRESS applicable to the forwarding of mail. An office whited States Postal Service. For residents at ess. Please allow 8 weeks to receive your ref	455
NAME			
STREET			
CITY	STATE	ZIP	
TELEPHONE NUMBER			
PAYMENT PLAN: (PLEASE C	HECK ONE)	DIRECT PAYMENT PAYROLL DEDUCTION PRE-PAID	
•		e read and have fully complied with all eckout requirements and payment.	I the terms
SIGNATURE		DATE	
For Office Use Only			3/2008