

Resident Withdrawal Notice

University Park – 219

This form should be fully completed and returned to the Leasing Office as soon as possible.

Current Resident Information:

Full Name: _____

Home Address: _____

Street Address

P.O. Box/Apt. #

City

State

Zip Code

Local Address: _____

Bldg. #

Apt. #

Cell Phone #: _____ Home Phone #: _____

I plan to withdrawal from UP on: _____

Month

Year

Reason for withdrawal: _____

According the license agreement (*page 6, section 27*), you may be able to assign your rights under this contract to another person if we give our written consent. A **\$200.00 assignment fee must be paid** prior to the re-assignment and the new resident must sign a license agreement with us before your withdrawal will be considered complete. PLEASE NOTE: It is your sole responsibility to find a person to whom you can assign your contract. If wait-list replacements are available we may be able to assist you, however we are not responsible for finding a potential assignee or for filling your bedroom. Should you be unable to find a replacement, we will refund your assignment fee and you will remain liable for all of your obligations under the contract.

Signature

Date

Replacement Resident Information:

Full Name: _____

Cell Phone #: _____ Home Phone #: _____

OFFICE USE ONLY

Documentation Received: _____ Manager's Notes: _____

Replacement Notification: _____ Letter to Resident/Guarantor: _____