Boston University Rental Property Management

846 Commonwealth Avenue Boston, Massachusetts 02215 T 617-353-4101



		File #	File #	
		Xref Vac #		
	LEASE EXTE	ENSION REQUEST FORM		
Please accept this letter	r as my request to extend t	the termination date of my present lease agreement fro	m	
	to	for apartment #		
at	The	rate for this extension term is to be \$	per month.	
Except as specifically amo		d conditions of the original lease are hereby ratified and co	onfirmed	
Comments/Reasons for r	request:			

APPROVAL:		
	Rental Manager	Date

Tenant Signature

Co-Tenant Signature

Date

Date