

Boston University Real Estate
846 Commonwealth Avenue
Boston, Massachusetts 02215
T: (617) 353-4101 F: (617) 353-3737



VACATE LOG # _____

VACATE NOTICE

TRUSTEES OF BOSTON UNIVERSITY

Please accept this as my request to quit apartment # _____ at _____

as of _____
VACATE DATE

Any monies (security deposit and/or key deposit refund) may be mailed to me at the following address:

IMPORTANT: If this vacate notice is approved, then failure to vacate on the above date will result in a \$100.00 charge for every day the tenant remains in residence.

I do ____ do not ____ have a Tenant Parking Permit issued by the Real Estate Office.

If you do have a Tenant Parking Permit, parking space number? _____

Please let us know your reason for vacating the apartment?

Name (Please Print) _____

Name (Please Print) _____

Signature _____

Signature _____

I.D. Number _____

I.D. Number _____

Daytime Phone _____

Daytime Phone _____

FOR OFFICE USE ONLY

Rental Manager Approval _____

Date _____

Comments: _____
