

THE A. W. GERDSEN COMPANY

MOVE-OUT NOTICE

Date: _____

Tenant Name: _____ Phone: _____

Building and Apartment: _____

- 30-Day Notice
- 60-Day Notice (Required within the first 12-months of lease agreement)
- Other: _____

What was your reason for leaving?

Did you enjoy living in our buildings?

Do you have any suggestions for us?

Your forwarding address:

Signature _____

Please fax this form to 861-6603, or deliver to our office at 3411 Clifton Avenue.
Requests must be made in writing by the 1st of the month.

OFFICE USE ONLY

Date Received: _____ Initials: _____

Comments: _____
