



BAYTOWNE APARTMENTS
 1000 BAYTOWNE DRIVE
 CHAMPAIGN, IL 61822
PHONE: (217) 352-1000
FAX: (217) 352-6161

**INTENT TO
 VACATE NOTICE**

NAME _____

APT. # _____

Champaign, IL 61822

GARAGE # (If applicable) _____

To the management of BAYTOWNE APARTMENTS, this letter is to notify you that I will be vacating the Apartment indicated above on or before the _____ day of _____, 20____.

I understand that I am responsible for rent and utilities through the ending date of said lease,

_____, 20____. **Baytowne has the right to lease the premises anytime after**
 (Lease expiration date)

the vacating date.

I also understand that I will be refunded my security deposit within 30 days from lease expiration, minus the cost of any damages, replacements, or cost of cleaning apartment or carpeting, or any other items as provided for in the lease agreement.

Please contact the BAYTOWNE APARTMENTS leasing office, at least 24 hours in advance, to schedule a check-out time. All keys must be returned at move-out inspection, or a \$30.00 change of lock fee must be charged.

I am vacating for the following reasons: _____

Resident Signature: _____ Baytowne Representative: _____

Date: _____ Date: _____

Forwarding Address: _____

Phone #: _____

Office use only:	_____ Yardi
_____ Peg Board	_____ 2 Copies to Manager
_____ Ameren	_____ Copy in File
_____ Write on make ready Board	