Tenant Vacate Form

Tenant Name: _____

Building Name: _____

Address: _____

Suite Number: _____ Date (Vacated/Vacating): _____

Date Property Manager Inspected Vacated Space: _____

Condition of Space:

_____

_____

Amount of Security Deposit Being Held: _____

Is Security Deposit to be Released to Tenant? ☐YES ☐NO

Amount to be Released to Tenant: _____

If Full Amount is Not Going to be Refunded to Tenant, Please Explain Why:

_____

_____

Make Check Payable to: _____

Send Refund to: _____

Has Tenant Returned Keys? ☐ Yes ☐ No Date Returned: _____

Additional Comments: _____

Completed by: _____ Date: _____

Copy of Completed Form to: ☐ Acctg. ☐ Lse File ☐ Proj. Mgr.