541-385-1515
rentingoregon.com
605 NE Savannah Drive, Suite 1, Bend, OR 97701

Resident's 30-Day Notice to Vacate

Give written notice that you intend to vacate. Complete every section and return this form to the DPM office.

1. PROPERTY AND NOTICE DATE

RENTAL PROPERTY ADDRESS

CITY | **STATE** | **ZIP CODE**

DATE OF THIS NOTICE | **DATE TENANCY WILL END**

I/We, the undersigned residents of the property above, hereby give thirty (30) days' notice of our intention to vacate the premises according to the Oregon Residential Landlord and Tenant Act. It is agreed that this notice terminates the tenancy of all occupants on the date below.

2. ACKNOWLEDGMENTS

Check each box to confirm you have read and agree.

- ☐ Notices given by one tenant are binding on all tenants, except when adding or deleting a tenant from the lease agreement. If not all tenants will vacate, use the Roommate to Vacate Notice.
- ☐ I/We will deliver possession by returning keys to the owner or agent at 605 NE Savannah Drive, Suite 1, Bend, OR 97701. An after-hours drop box is located left of the front door.
- ☐ I/We understand it is my responsibility to provide a forwarding address. For multiple tenants, deposits are returned less deductions to all tenants listed on the current lease in one check unless prior written arrangements have been made with DPM.
- ☐ I/We understand the premises may be shown at reasonable times before the vacate date after the landlord gives appropriate notice to enter.
- ☐ I/We understand rent continues to accrue until keys are returned or the 30-day notice ends, whichever occurs last. Deposits may not be used for rent payments.

3. RESIDENT CONTACT

FIRST NAME | **LAST NAME**

PHONE | **EMAIL**

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Forwarding address, signatures, and office processing

4. MOVING DETAILS

REASON FOR MOVING

5. FORWARDING ADDRESS

Provide the address where DPM should send your final accounting and any deposit refund. If it is not yet known, submit it to DPM as soon as possible.

STREET ADDRESS

CITY | **STATE** | **ZIP CODE**

6. SIGNATURES

By signing, I confirm that I have read and acknowledge the statements above.

RESIDENT SIGNATURE | **DATE**

ADDITIONAL RESIDENT SIGNATURE | **DATE**

ADDITIONAL RESIDENT SIGNATURE | **DATE**

7. OFFICE USE ONLY

RECEIVED BY | **DATE RECEIVED**