



Oz
ACCOMMODATIONS
 Building Wealth Through Real Estate



Notice of Lease Termination

Residents' Names: _____ Date: _____

Property Address: _____

Phone: _____ Email: _____

I hereby advise Oz Accommodations, Inc., that I (we) will vacate the Property and turn in the keys to the Property on the date of _____, which is at least 60 days prior to our lease expiration date.

My (our) reason for vacating the Property is _____

I understand that my (our) security deposit cannot be applied as rent and that I (we) am (are) responsible for paying rent through the expiration of the current Lease agreement unless otherwise arranged.

Please forward my Security Deposit, if eligible, to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Resident's Signature: _____

Resident's Signature: _____

Resident's Signature: _____

Resident's Signature: _____

**Please submit this form via mail, fax, or email to homes@aplacelikehome.com. Please remember that it must be received in our office at least 60 days prior to your lease expiration date.*

For Office Use Only

Date Received: _____ Received By: _____ Lease Expiration Date: _____

Owner Notified Date: _____ Marketing Notified Date: _____ Property to be Remarketed Date: _____