



## Notice to Vacate

I/We, \_\_\_\_\_

give Community Property Management & Investments Inc. this thirty-day notice to vacate the following (address)\_\_\_\_\_. The unit will be vacant as of (date)\_\_\_\_\_. If the unit is not vacated and keys turned into the Community Property Management & Investments Inc. office on or by this date, I understand this notice will be cancelled.

I understand that I have a right to a pre-move out inspection 2 weeks prior to my scheduled move out date (this is to give me time to correct any damages) and that I have the right to be present at my move-out inspection. I have received a copy of the Move-Out Cleaning Checklist.

CPMI will attempt to schedule a pre-move out and move out inspection. However, it is the tenant's responsibility to make sure they are scheduled if the tenant wishes to be present. To schedule your inspection please email [inspector@cpmiinc.com](mailto:inspector@cpmiinc.com) (Please schedule ASAP)

Community Property Management & Investments Inc. office hours are Tuesday-Friday 10am-5pm closed holidays (661)379-6500 all appointments must be during normal business hours.

Contact name and number for inspections \_\_\_\_\_

By providing your phone number, you agree to receive text messages from Community Property Management & Investments, Inc. dba. CPMI for the purpose of communicating community news, urgent notifications, and events. Reply "STOP" to opt-out anytime or reply "HELP" for more information. Message and data rates may apply. Message frequency will vary. For more information, please read our Privacy Policy at <https://cpmiinc.com/privacy-policy/> and terms of use at <https://cpmiinc.com/terms-of-use> .

**Forwarding address: (forwarding address is required)** Where do we send your Statement of Deposit/Refund

**Reason for moving out:** \_\_\_\_\_

\_\_\_\_\_ Save paper, no need to mail the Statement of Deposit Accounting and receipts. I agree for it all to be emailed to the emails on file.

\_\_\_\_\_ Direct Deposit the Refund into the account below or it will be mailed though bill pay by citizens business bank.

Payments will be initiated by CPMI within the 21 days required by law. However, please allow standard mail and/or bank processing times for payments.

Name on account \_\_\_\_\_

Statement address for account \_\_\_\_\_

Routing number # \_\_\_\_\_ Account # \_\_\_\_\_

By signing I agree for all funds that will be refunded to be deposited into the above account.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_