

Rockoff Hall Apartments

SURRENDER OF POSSESSION

I am hereby surrendering physical possession of UNIT _____ by delivering all keys to the Rockoff Hall Rental Office. It is understood and agreed that the surrender of physical possession does not release me or any other RESIDENTS from installment rental payments or other financial obligations incurred in conjunction with the lease of the property. LANDLORD shall have the right to any action necessary to restore the property in the event that RESIDENT(s) have not done so pursuant to the terms of the LEASE.

I have the option of having my UNIT inspected once all personal belongings have been removed. Appointments must be scheduled prior to 9:00am on May 15, 2017. I understand my pending security deposit disposition will be mailed within 30 days of the lease ending date. If a printed name and address is not completed on this document my security deposit disposition will be mailed to the current guarantor address that is on file. Please select an option below:

- I have made an appointment to be present during the inspection.
- I do not wish to be present during the inspection.

Print full name and forwarding address:

Signature: _____

Date: _____

EACH RESIDENT MUST COMPLETE ONE OF THESE FORMS AND RETURN IT TO THE OFFICE IN ORDER TO RECEIVE A SECURITY DEPOSIT DISPOSITION REPORT.

FOR OFFICE USE ONLY:

_____ Carpet Receipt

Returned Date: _____

_____ Apartment Cleaning Receipt

_____ Apartment Key

_____ Bedroom Key

Received by: _____

_____ Mail Key

Initials

_____ FOB