

Port Property

M A N A G E M E N T

NAME (print): _____

I am submitting my notice to move out of my apartment located at _____.

I will be vacated BY NOON ON THE LAST DAY OF (list month) _____.

My forwarding address is:

My daytime phone # is: _____

My E-mail address is: _____

Would you like to look at another Port Property Management apartment? Yes/No _____

If yes, please contact the Leasing Department @ 207-775-5673 to find out more about the Transfer Policy.

Reason for Moving: _____

Additional Information: _____

Tenant Signature

Date

Tenant Signature

Date

Please mail/drop off at 104 Grant Street Portland, ME or e-mail to rentals@portpropmgt.com.

Office Use Only

Proper Notice? Y N

Breaking Lease? Y N