



# INDIVIDUAL NOTICE to **VACATE** and **SECURITY DEPOSIT RETURN**

Please complete this form and return it to the Tower  
Office at your earliest convenience. 10-28-22

**Completed by Vacating Resident:**

APARTMENT #: \_\_\_\_\_

**My Anticipated VACATE TIME/DATE:**

- Time: \_\_\_\_\_

- Day/Date: \_\_\_\_\_

**1) NOTICE TO VACATE:** *This is to inform the Grohmann Tower Staff that I plan to vacate the Tower on the date indicated above. I understand that the amount of my security deposit may be reduced due to the condition of my apartment (with regard to cleanliness, damage, missing items, etc.). I understand that I will have an "initial" assessment at the time I vacate, but that a more "detailed" assessment will take place after the move-out of my roommate(s) (if applicable) or once staff begins the process of cleaning which may result in additional charges. I further understand that I may be held equally responsible for cleanliness/damages within the apartment even if the remaining roommate(s) or incoming resident(s) indicate that they would take responsibility. I understand that I am to leave the apartment in a condition whereas the next occupant would be able to move in immediately and/or in the same condition as it was at the time of my move-in. My signature indicates that I understand and accept these terms. I will use the **Helpful Move-Out Checklist** to assist me in having a successful move-out experience. \* As I get closer to my move-out date, I will verify my move-out time with the Tower Office so that they can have staff available.*

Resident Name (print): \_\_\_\_\_ ID #: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**PLEASE TELL US WHY YOU ARE VACATING:** (feel free to write more on the reverse side)

**2) SECURITY DEPOSIT RETURN:** Please indicate (A, B, C, or D) how you want your Security Deposit returned to you. Remember the initial amount may be reduced based upon the condition of your apartment at move-out.

A) \_\_\_\_\_ Please credit my MSOE account.

B) \_\_\_\_\_ Please mail me a check. (include City, State, Zip)  
Address to SEND check to:

C) \_\_\_\_\_ Direct deposit to my U.S. Bank.  
*(You must complete a direct deposit form on my.msoe or Student Accounts – this is separate from what HR might have).*

**D) INTERNATIONAL students: who are going back to their country and do not have a current United States bank account. We need the following so we can wire the refund to you:**

1) Name of Bank at home: \_\_\_\_\_

2) Name on the account: \_\_\_\_\_

3) Bank routing number: \_\_\_\_\_

4) Bank account number: \_\_\_\_\_

5) Banks SWIFT code: \_\_\_\_\_

*\* Your bank can provide the student with the last three if the student does not know this information.*

**(FOR TOWER OFFICE USE ONLY)** Indicate if the above resident is to be billed the following amount (if applicable) or if the entire deposit should be returned.

Amount to be BILLED: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN ENTIRE SECURITY DEPOSIT: \_\_\_\_\_ Approved: \_\_\_\_\_