



INDIVIDUAL NOTICE to VACATE and SECURITY DEPOSIT RETURN

Please complete this form and return it to the Tower Office at your earliest convenience. If this form is not received by **3/15/22**, your apartment will be considered available and that you are vacating the Tower as of **5/31/22**.

Completed by Vacating Resident:

APARTMENT #: _____

Your Anticipated VACATE TIME/DATE:

- Time: _____

- Day/Date: _____

1) NOTICE TO VACATE: *This is to inform you 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. * As we get closer to your move-out date, please verify your move-out time with the Tower Office so that we can have staff available. Please use the **Helpful Move-Out Checklist** to assist you in having a successful move-out experience.*

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 – this is separate from HR files).

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) Students Bank account number: _____

5) Banks SWIFT code: _____

* The bank can provide the student with the last three if the student does not know the above items.

(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: _____