



COMMISSION
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 Chief Executive Officer

**THIRTY (30 DAY NOTICE TO VACATE
 (Section 8 Participants)**

TO _____ DATE _____
 Owner/Agent Name

 Address

 City, State, Zip Code

Please be advised of my intent to vacate the property located at:

Address	Apt No.	City	State	Zip Code
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The property will be vacated on ____/____/____
 Date of Move-out

Tenant Name	Forwarding Address	City,	Zip Code
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Tenant Signature	Date
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FOR USE BY OWNER/AGENT

I certify that I am the legal owner or the owner's agent of the above property and that I have received this **THIRTY DAY NOTICE TO VACATE**.

 Signature of Owner or Agent

 Date Received