

MOVE-OUT CHECKLIST

Your lease **EXPIRES AT NOON** on ____ / ____ / ____ at _____

_____ All appropriate companies for disconnection have been called
_____ Forwarding address has been given to the Champaign Post Office

KEYS & THE RETURN OF YOUR SECURITY DEPOSIT

Please return keys & remote controls by noon on the day your lease expires.
All keys must be returned or you will incur a **LOCK CHANGE CHARGE** of \$75 for apartment keys & \$15 for mailbox key.

If we are not open when you return keys – there is a drop box at the front of the Leasing Office. **PLEASE PUT KEYS IN AN ENVELOPE WITH APARTMENT ADDRESS, YOUR NAME, AND FORWARDING INFORMATION!**

NUMBER & TYPE OF KEYS RETURNED

_____ Apartment Key(s) _____ Security Door(s) _____ Mailbox
_____ Laundry _____ Remote Control _____ Garage

SECURITY DEPOSIT

Your Security Deposit will be returned within **30 days of your lease expiration (end) date.**

To return you Security Deposit we need a **forwarding address:**

_____ Forwarding Phone #: _____

Signature: _____ **Date:** _____

PLEASE RETURN THIS SHEET WITH YOUR KEYS

