

NOTICE OF INTENT TO MOVE

TO: _____

FROM: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOUSING SPECIALIST: _____

Please regard this as my written 30 day notice to move as required under the State of Wisconsin Statutes.

It is my intention to move from the above stated address on: _____*
(Date)

****A copy of this Notice, signed by both the tenant and the landlord, must be given to the Housing Authority on or before the 1st of the month prior to the month you wish to move. (For example, if you wish to move August 1st, this notice must be returned on or before July 1st.)***

X _____
Signature of Tenant

Date Signed

X _____
Signature of Owner/Landlord

Date Signed

Landlord Copy – White

Housing Authority Copy – Yellow