NOTICE OF INTENT TO MOVE

TO:	
	(Landlord Name)
FROM:	
	(Tenant Name)
ADDRESS:	
CITY/STATE/ZIP:	
HOUGING ODECLATIOT.	
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)

*This notice of intent to move, 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

Date Signed