



HOUSING AUTHORITY of the TOWN OF VERNON

21 COURT STREET
VERNON, CT 06066
(860) 871-0886 • FAX (860) 875-9811

NOTICE OF INTENT TO MOVE

To: Vernon Housing Authority

Tenant(s) Name(s): _____

Phone Number: _____

Current Address: _____

It is my intention to move from the above stated address on, or before, _____
(Date)

I understand that I am liable for any charges beyond normal wear and tear created during my occupancy at the above address.

I also understand that I will be liable to pay rent for any days after the intended vacate date that I may occupy the unit.

My forwarding address is:

Tenant Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Move Out Inspection Date: _____ **Keys Returned:** _____ Yes _____ No

Comments: _____

