



Skyward Living Properties Inc.

P.O. Box 73122 Hamptons P.O.
Edmonton, AB T5T 3X1
1-855-585-4433

****Please note that one full tenancy month's notice is required. Late notice will result in fees equal to one month of rent.***

Notice to Vacate

Date: _____

Resident Name(s): _____

Suite No.: _____

Building Address: _____

As resident(s) of the above-noted address, I/we are providing you notice that I/we will be vacating the suite on or before 12:00 NOON on the following date:

The reason for vacating the suite:

Do you give Skyward Living Properties Inc. permission to release a landlord reference when/if requested:

Yes No

I/We would like to schedule the elevator for:

Date: _____

Time: _____

My/our forwarding address is: _____

Tenant Signature Print Name Date

Tenant Signature Print Name Date

Tenant Signature Print Name Date

Landlord Signature Print Name Date