



San Francisco State University

University Park Office
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San Francisco, CA 94132
Phone: 415/405-4000
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UNIVERSITY PARK
NOTICE OF INTENT TO VACATE

Primary Licensee Name
Date University ID # University Park Address
Phone Number Email Address

The resident(s) of ADDRESS: , San Francisco, CA 94132, are providing notification to vacate San Francisco State University Park Residence Community on: . I/We understand as per our License Agreement that a minimum of 30 days notice is required.

Primary Licensee Signature Date Roommate Signature Date
Roommate Signature Date Roommate Signature Date

Resident(s) Reason(s) for vacating the premises: (Please check all that apply):

- Relocation for Job, Relocation for Health/Medical, Relocation for Other Reason, Purchase Home, Renting Single Family Home, Bigger Apartment, Smaller Apartment, Better Apartment/Housing, Better Amenities, Bothered By Residents/Neighbors, Bothered By Noise, Bothered By Animals/Pets, Pet Permissive Housing/Apt, Parking Issue, Poor Service/Maintenance, Rent Increase/Rent Too High, Less expensive Apartment/Housing, Housing Assistance Award, No longer Affiliated with SF State University, Leaving or graduating from school, Other:

Please note as per your License Agreement, licensees are required to provide 30 days notice of intent to vacate. If applicable, deposit refund should be payable and mailed to:

Primary Licensee's Name
Primary Licensee Forwarding Address City, State ZIP
Primary Licensee Telephone Number Primary Licensee Email Address