

# Notice to Vacate – Co-op

## PROVIDER NAME

### Current Address

Unit # & Street: \_\_\_\_\_

City: \_\_\_\_\_

### Forwarding Address

Unit # & Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

### List each person in the household:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Date of Withdrawal** \_\_\_\_\_

*Must be 60 days from the date of Notice*

### Terms:

We hereby give notice of our intention to withdraw our occupancy and member rights effective on the date of withdrawal set out above.

We understand that we must deliver up vacant possession and occupation of our unit on or before that date.

We understand and acknowledge that this agreement may be enforced by a Writ of Possession (Eviction order) if we fail to vacate the premises on the date for withdrawal as set out above.

### Household Signatures:

1. \_\_\_\_\_ **Date:** \_\_\_\_\_

2. \_\_\_\_\_ **Date:** \_\_\_\_\_

3. \_\_\_\_\_ **Date:** \_\_\_\_\_