



LEASEHOLDER REMOVAL FORM

Please be advised that I, _____, have moved out of the apartment
(Leaseholder Name)
located at _____, # _____, Wheeling, IL
(Address)
effective ____/____/____, and require that my name be removed from the lease agreement.
(Date)

REASON FOR REMOVING NAME: _____

My roommate(s), _____, has agreed to take full responsibility for the apartment and will reside in the apartment for an additional 90 days from the signature date of this agreement before he/she/they may be removed from the lease. We have transferred Security Deposit monies between ourselves. Upon the complete vacation of the apartment, providing all lease obligations have been fulfilled, the Security Deposit will become the property of _____ and any other person /name that is added to the lease after this date per landlord policies.

Signature of Departing Roommate

Date Signed

Signature of Departing Roommate

Date Signed

Signature of Remaining Roommate

Date Signed

Signature of Remaining Roommate

Date Signed

ACCEPTED BY:

Mallard Lake Manager

Date Signed