



MAHARISHI
INTERNATIONAL
UNIVERSITY

MIU Housing Dept. Utopia Park

2000 N. Court St Fairfield, IA 52556

641-472-9689

utopiaparkiaowa@miu.edu



Notice of Intent to Vacate & Refund Information

Name (Please print): _____ **Date (mm/dd/yyyy):** _____

Home Phone: _____ **Work Phone:** _____

Email: _____

In accordance with the Rental Agreement, please accept this as the required thirty (30) day notice of intention to vacate:

Unit Number: _____ **On the day of (mm/dd/yyyy):** _____

Understand that the manager or Landlord may enter my Unit for the purpose of inspection during this thirty (30) day period.

In the event that I (we) fail to vacate said premises as of the date set forth above and the management has re-let the premises in reliance upon this notice, I (we) will pay all costs incurred as a result of such failure to comply.

Refund Information

Monthly Rent Amount: _____

Total Deposit Amount: _____

Pro-Rated Rent Amount: _____

Total Credits: _____

Total Owed by Tenant: _____

Total Amount Due: _____

My forwarding address for deposit return will be: _____

Resident Signature: _____