



412 S13th Street, Indiana, PA 15701

Phone: 724.463.8080

Fax: 724.463.8087

Keys Returned:

Apt:_____ Mail:_____ Key Card:_____

Apt. Vacant:_____ Initial:_____

SURRENDER OF POSSESSION

I am hereby surrendering physical possession of apartment #_____ at _____ by delivering all keys to The Apartment Store. It is understood and agreed that the surrender of physical possession DOES NOT RELEASE ME OR ANY OTHER LESSEES FROM FINANCIAL OBLIGATIONS INCURRED IN CONJUNCTION WITH THE LEASE OF THE DEMISED PREMISES. Lessor shall have the right to any action necessary to restore the premises in the event that the lessees have not done so pursuant to the terms of the lease.

I have been notified of the time and date that the inspection of the apartment will take place. By surrendering possession early, I understand that this time and day may longer be appropriate. Under these circumstances, I/We

(PLEASE CIRCLE ONE OF THE FOLLOWING CHOICES) :

1. Have previously made an appointment to be present during the inspection.
2. Will be present at the inspection during the regularly scheduled time.
3. Do not care to be present during the inspection.

Print Name:

Signature:

Date:

Forwarding Address:

Phone:

Email:

****I certify the above apartment is completely vacant from my belongings and/or roommate's belongings. My apartment is vacant and ready for inspection.**

(Please Initial) YES_____ NO_____