

**MISSISSIPPI AGRICULTURAL AND FORESTRY EXPERIMENT STATION  
HOUSING INTENT TO VACATE FORM**

Date \_\_\_\_\_ Name \_\_\_\_\_ MSU ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

Department/Station \_\_\_\_\_ Unit Location \_\_\_\_\_ MAFES Building #: \_\_\_\_\_

**Please accept this as my notice of intent to vacate this unit as of (date) \_\_\_\_\_.**

Note: Occupancy beyond this date will be considered "unauthorized occupancy" and will be billed to the tenant at a rate equal to twice the monthly rate.

New mailing address for billing and refunding is:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Tenant Date

APPROVED: \_\_\_\_\_  
R&E Center /Department Head Date

APPROVED: \_\_\_\_\_  
Associate Director Date

*Original to R&E Center /department head*

*Copies to MAFES Associate Director, MAFES Assistant Director for Financial Services, and  
Accounts Receivable*

Initials \_\_\_\_\_