

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA RD STE 1  
SARANAC LAKE, NEW YORK 12983-2373

LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
SECTION 8 RENTAL ASSISTANCE



DAVID ALDRICH, EXECUTIVE DIRECTOR  
daldrich@harrietstownha.org

DATE: \_\_\_\_\_

## NOTICE OF INTENT TO VACATE

VACATE NOTICE MUST BE FROM FIRST OF MONTH TO END OF MONTH TO BE IN COMPLIANCE WITH YOUR LEASE. FAILURE TO GIVE PROPER NOTICE TO VACATE WILL RESULT IN FORFEITURE OF YOUR SECURITY DEPOSIT.

LAKE FLOWER HIGH-RISE                      14 Kiwassa Rd.  
ALGONQUIN APARTMENT COMPLEX      240 George LaPan Memorial Highway

I, \_\_\_\_\_, hereby service notice of my intent to vacate my apartment # \_\_\_\_\_ on  
( head of household)

the \_\_\_\_\_ day of \_\_\_\_\_.

My forwarding address will be: \_\_\_\_\_.

My reason for moving is \_\_\_\_\_.

I understanding that I relinquish all rights to any personal belongings left in this dwelling unit beyond the date I have given as the date to vacate and that I may be charged for removal of any items remaining in the unit.

\_\_\_\_\_ Head of Household Signature

ALL APARTMENT AND MAIL KEYS MUST BE RETURNED TO THE ADMINISTRATIVE OFFICES NO LATER THAN THE ABOVE VACATING DATE LISTED. VACATE NOTICE MUST BE FROM FIRST OF MONTH TO END OF MONTH TO BE IN COMPLIANCE WITH YOUR LEASE. FAILURE TO GIVE PROPER NOTICE TO VACATE WILL RESULT IN FORFEITURE OF YOUR SECURITY DEPOSIT.