



# HOUSING AUTHORITY of the TOWN of VERNON

114 FRANKLIN PARK WEST, P.O. BOX 963  
VERNON, CONNECTICUT 06066  
(860) 871-2063 • FAX (860) 871-2430

## NOTICE OF INTENT TO MOVE

To: **Vernon Housing Authority**

From: \_\_\_\_\_  
(PRINT - Tenant Name)

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Vernon CT 06066

It is my intention to move from the above stated address on or before \_\_\_\_\_.  
(Date)

I understand that a 30-day written notice is required to be eligible to move in accordance with my lease. I understand that I am liable for any charges due to damages that I created during my occupancy at the above address.

My forwarding address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Tenant Signature)

\_\_\_\_\_  
(Date Signed)