RMS TEAM
RESIDENTIAL MANAGEMENT SERVICES

RE/MAX CENTER

Acknowledgment of Release of Possession

TO: RMS Team at RE/MAX Center
1140 Old Peachtree Rd., Suite D
Duluth, GA 30097
Phone: 678-804-2468 Fax: 678-804-2443
Email: rms@rmsteam.com

Date: _____

Tenants hereby acknowledge and agree to have completely vacated the property and fully relinquish possession of the premises and any items left behind for the following property on Address: _____.

_____ _____
Tenant Signature Please Print Name

_____ _____
Tenant Signature Please Print Name

Tenant's Forwarding Address:_____

Would you like to be present at the Move-Out Evaluation?
***If no selection is made, we will assume you do not wish to be present.

☐ **NO -** A full copy of the move-out evaluation will be emailed to you once it is completed.

☐ **YES -** Once we receive the keys, a Property Manager will contact you with the scheduled evaluation date. Due to scheduling and the nature of evaluations, we cannot provide an exact arrival time, but we will do our best to give you an estimated time on the day of the evaluation. You are welcome, but not required, to be present.

For Office Use Only:
Release of Possession Accepted by: _____
Representative Signature Date & Time Received

_____ Number of keys received
_____ Number of garage remotes received
_____ Number of amenity ___keys/___cards/___fobs received
_____ Other: _____

_____ Receipt for carpet cleaning
_____ Receipt for flea & tick treatment (If applicable)