



RMS Team *at* RE/MAX Center

Residential Management Services

1140 Old Peachtree Road • Suite D • Duluth, GA 30097
678-804-2468 • www.rmsteam.com

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 neither box is checked, we will assume you do not wish to be present.

- NO** - We will email you a full copy of the move-out evaluation as soon as it is complete.
- YES** - We will have a Property Manager contact you after the keys have been received to inform you of the day that the evaluation is scheduled. Please note that due to scheduling and the nature of evaluations, it is impossible to give an exact time that the Property Manager will be at the property but they will do their best to give you an estimated time they should be there the day of the evaluation. You are welcome to be present but not required to be there.

For Office Use Only:

Release of Possession Accepted by: _____

RMS Team at RE/MAX Center

Date & Time Received

_____ Number of keys received

_____ Receipt for carpet cleaning

_____ Number of garage remotes received

_____ Receipt for flea & tick treatment

_____ Number of amenity ___keys/___cards/___fobs received

(If applicable)

_____ Other: _____