



# RMS Team at RE/MAX® Center

1140 Old Peachtree Road • Suite D • Duluth, GA 30097  
Office: 678-804-2468 • Fax: 678-804-2443 • [www.rmsteam.com](http://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](mailto: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.

<b>For Office Use Only:</b>		
Release of Possession Accepted by: _____		
	RMS Team at RE/MAX Center	Date
_____ 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: _____		