

**MISSISSIPPI AGRICULTURAL AND FORESTRY EXPERIMENT STATION
HOUSING INTENT TO VACATE FORM**

Date _____ Name _____ MSU ID _____

Mailing Address _____

Department/Station _____ Unit Location _____ MAFES Building #: _____

Please accept this as my notice of intent to vacate this unit as of (date) _____.

Note: Occupancy beyond this date will be considered "unauthorized occupancy" and will be billed to the Occupant at a rate equal to twice the monthly rate.

New mailing address for billing and refunding is:

Name _____

Address _____

City _____ State _____ Zip Code _____

Occupant Date

APPROVED: _____
R&E Center /Department Head Date

APPROVED: _____
Associate Director Date

Original to R&E Center /department head

*Copies to MAFES Associate Director, MAFES Assistant Director for Financial Services, and
Accounts Receivable*

Revised 4/27/2022

____ Initials