



Sonoma County Community Development Commission

141 Stony Cir Suite 210, Santa Rosa, CA 95401

(707) 565-7500 (707) 565-7583 – fax

OWNERS PERMISSION TO VACATE

I agree to allow _____ to
(Tenant Name)
vacate the unit located at _____
(Street Address)
on (Day Vacating the Unit) _____, 20_____. I understand that the
(Month) (Date) (Year)

Sonoma County Housing Authority is not liable for any rent after the date listed above.
and if any excess rent has been paid to me, it will promptly be returned to the Sonoma
County Housing Authority.

Tenant:

Owner/Property Manager:

(Print Name)

(Print Name)

Date: _____

Date: _____

*Owner/Property Manager retain a copy for your records

*Tenant retain a copy for your records

*Give a copy to the Housing Authority