	Mo	ve-Out Form			
Tenant(s) that i	moved out: All / Roommate* (please circle one) *If	you are the last tenant to move	-out please mark <u>all</u>	
Name(s)					
Address					
	ng from) Street Address (Please include unit #)	City	State	Zip	
Forwarding Ad	Street Address (Please include unit #)	City	State	Zip	
				Garage Keys:	
Mail Keys:	Laundry Keys:	Other Keys:	Garage door o	Garage door openers:	
Reason for mov	/ing:				
Please Initial I/We the tenant(s) allow E.P.M., Inc. to dispose of any possessions left on or in the property. Pursuant to ORS 90.425(26) as the tenant(s) at the above listed address, I/We hereby authorize the landlord to sell or dispose of any personal property remaining on the premises without further notice. This agreement is entered into in good faith not more than seven days prior to the termination of the rental agreement.					
Tenant		Tenant			
Tenant		Tenant		£	
Emera Emera	ld Property Management, Inc. ★ 525 Harlow	Road, Springfield, OR 9	7477 ★ (541) 741-4676 ★ fa	x (541) 744-2849	