

**MISSISSIPPI STATE UNIVERSITY
FACULTY AND STAFF TEMPORARY HOUSING
INTENT-TO-VACATE FORM**

Name _____

Telephone Number _____

MSU ID Number _____

Please accept this notice as my intent to vacate

_____ on _____
(unit) (date of vacancy)

Note: Occupancy beyond this date will be considered **“unauthorized occupancy”**.

By policy, eviction proceedings will begin and tenant will be responsible to pay all costs associated therewith if occupancy continues beyond the date above.

Signature _____ **Date** _____

Mailing address (for refund) is:

Address _____

City _____

State _____ **Zip Code** _____

Return this form to: Associate Director for Facilities
Facilities Management
P.O. Box 5208
Mississippi State, MS 39762-5208

Or, if using Campus Mail: Associate Director for Facilities
Facilities Management
Mail Stop 9604

Or, by fax: 662-325-4531 (Attn: Kathy Collins)