



University Park Apartments Request for Cancellation

Resident: _____ SU ID: _____ Email: _____

This form should be fully completed and returned to the Leasing Office as soon as possible.

Home Address: _____
Street Address P.O. Box/Apt. #

_____ City State Zip Code

Local Address: _____
Bldg. # Apt. #

Cell Phone #: _____

Home Phone #: _____

I plan to withdrawal from UP on: _____
Month Year

Reason for Request for Cancellation:

According the license agreement (page 6, section 27), you may be able to assign your rights under this contract to another person if University Park gives written consent. A \$200.00 assignment fee must be paid prior to the re-assignment and the new resident must sign a license agreement with University Park before your release will be considered complete. PLEASE NOTE: It is your sole responsibility to find a person to whom you can assign your contract. If wait-list replacements are available, we may be able to assist you; however, we are not responsible for finding a potential assignee or for filling your bedroom. Should you be unable to find a replacement, we will refund your re-assignment fee and you will remain liable for the full financial obligations under the contract.

Signature Date

Replacement Resident Information:

Full Name: _____

Cell Phone #: _____ Email Address: _____

OFFICE USE ONLY

Documentation Received: _____ Manager's Notes: _____
Replacement Notification: _____





◆ University Park Apartments ◆ 216 Milford Street ◆ Salisbury, MD 21804 ◆ 410.677.0774 ◆ universitypark@cocm.com ◆

