

Coastal Place Apartments
35 Abercorn Street
Savannah, GA 31401
912-234-1173

Canton Gardenhire
101 B Coastal Place
Savannah, GA 31406

January 7, 2019

Dear Mr. Gardenhire,

Although we have addressed several issues regarding the HVAC system in your apartment; it seems you continue to be dissatisfied with our attempts to resolve your various complaints.

At this point, we feel that you should consider a move to another apartment complex where you will be more happy and satisfied with the quality of the environment.

Since you are on a month-to-month lease, you have the right to give us thirty (30) days written notice to vacate at the beginning of any month.

We have enclosed move-out instructions with this letter in the vent you decide to vacate.

Should you have any questions, please contact the Management office.

Sincerely,


John Saffold
Property Manager

Coastal Place Apartments
35 Abercorn Street, Suite 200
Savannah GA 31401
912.234.1173
Fax 912.238.3612

Move-out Procedures

We're sorry to be losing you as a resident and hope the following information will smooth your transition.

1. Thirty days written notice is required if you are leaving Coastal Place. The notice should be turned in to the office by the fifth day of the month you plan to leave. Notices are not accepted from mid-month to mid-month, such as the 15th of one month to the 15th of another. Please contact the office if you have any questions regarding notices to vacate.
2. We ask that you have all your personal belongings out of the apartment, have the apartment clean and the utilities on for the move-out inspection.
3. You will need to contact David Blackwell at 667-3251 at least two days prior to the date for your inspection. Please do not ask for a Sunday move-out inspection.
4. Mr. Blackwell will bring your original move-in inspection form and ask you to sign it after the inspection and also provide us with a forwarding address and phone number.
5. Security deposits are refunded within thirty days of the inspection date.
6. Failure to keep your scheduled move-out appointment time will result in a charge of \$25.00 which will be deducted from your security deposit.
7. Should you need to re-schedule your appointment, you should do so at least one hour prior to the appointed time. Call 667-3251 or 234-1173 to re-schedule. Voice-mail messages on either phone will be acceptable.

We hope this information will be helpful when planning your move. If you have questions, please don't hesitate to call us. Thank you.

Coastal Place Apartments

COASTAL PLACE APARTMENTS

35 Abercorn Street
Savannah, Georgia 31401
(912) 234-1173
Fax (912) 238-3612

MOVE-IN/MOVE-OUT REPORT

| | |
|----------------------------------|----------------------------------|
| RESIDENT <u>Brian Connors</u> | |
| UNIT NO. <u>101 B</u> | PROPERTY <u>Coastal Place</u> |
| MOVE-IN DATE | MOVE-OUT DATE |

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains, marks or damages, unless otherwise noted below in the "Move In Exceptions" box.

| ITEM | MOVE-IN EXCEPTIONS | MOVE-OUT CONDITION | ITEMIZED CHARGES IF APPLICABLE |
|--|--|---|--------------------------------|
| LIVING ROOM, DINING & HALLS | | | |
| Walls/Ceiling | O.K. | O.K. | |
| Floor/Carpet | O.K. | O.K. | |
| Closets/Doors/Locks | Entry Door. screw holes in back. | Same as above | |
| Lights/Mirrors | O.K. | O.K. | |
| Drapes/Rods/Blinds | O.K. | O.K. | |
| Windows/Tracks/Screens | O.K. | O.K. | |
| Fireplace | N/A | N/A | |
| KITCHEN | | | |
| Walls/Ceiling/Floor | O.K. | Not cleaned | 15.00 |
| Counter Tops/Tile | scratched | O.K. | |
| Cabinets/Closets | Top left hand door next to sink chipped | Cabinet Faces Dirty | 30.00 |
| Oven/Stove | Chip on Front (Top) | Oven little dirty | 20.00 |
| Hood/Fan/Lights | O.K. | O.K. | |
| Refrigerator | O.K. | O.K. | |
| Dishwasher | O.K. | Needs to be out O.K. | |
| Sink/Faucet/Disposal | O.K. | Sink has rust stains both O.K. | |
| Windows/Doors/Screens | O.K. | Sink has rust stains both O.K. Kitchen Shelves damaged | 15.00 |
| BEDROOMS | | | |
| Specify Bedroom #1, #2, or #3 | | Specify Bedroom #1, #2, or #3 | |
| Walls/Ceiling | O.K. | O.K. | |
| Floor/Carpet | O.K. | O.K. | |
| Lights/Mirrors | O.K. | O.K. | |
| Drapes/Rods/Blinds | O.K. | Bedroom 1 Damaged Blinds | 15.00 |
| Windows/Tracks/Screens | O.K. | O.K. | |
| Closets/Doors/Shelves | Left Closet Right hand door. slot splitting Bedroom 2 screw holes back of door. | Bedroom 1 Door scratched | 10.00 |
| BATHROOMS | | | |
| Specify Bathroom #1, #2, or #3 | | Specify Bathroom #1, #2, or #3 | |
| Walls/Ceiling | O.K. | O.K. | |
| Floor | Back #2 small blue mark by toilet | O.K. | |
| Cabinets/Mirrors | O.K. | O.K. | |
| Sink | O.K. | O.K. | |
| Tub/Shower | Tub stained Back 1 & Back 2 | Back #1 Sink not cleaned Back #1 Tub's Dirty | 10.00 20.00 |
| Tile/Grout | N/A | N/A | |
| Lights/Vent Fan | O.K. | O.K. | |
| Toilets | O.K. | O.K. | |
| Windows/Doors | O.K. | Back #2 Toilet not cleaned | 20.00 |
| Towel Bars/Accessories | O.K. | Back #1 Towel Bar the 2 out of work | 50.00 |
| WASHER/DRYER | | | |
| HEAT/AIR CONDITIONING | | | |
| BALCONY/DECK/PATIO | | | |
| STORAGE/PARKING AREA | | | |
| GARDEN/PLANTS/GRASS | | | |
| SMOKE DETECTOR | | | |
| NUMBER OF KEYS | Unit <u>2</u> Entry _____ Mailbox _____ Other _____ | Unit _____ Entry _____ Mailbox _____ Other _____ | |

MOVE-IN COMMENTS

MOVE-OUT COMMENTS

Resident has inspected the above premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Resident agrees to deliver the premises in like condition upon termination of tenancy, normal wear and tear excepted.
Resident Brian Connors Date 9-26-15
Management David Blackwell Date 9-26-15

Inspection is hereby completed:
Resident Brian Connors
Date 9-26-15
Management David Blackwell
Date 9-27-15

| ITEMIZED CHARGES | |
|--|--------------|
| KEYS/LOCKS: Unit \$ _____, Entry \$ _____, Mailbox \$ _____, Other \$ _____ | TOTAL: _____ |
| CLEANING: General \$ _____, Carpet \$ _____, Drapes \$ _____, Other \$ _____ | TOTAL: _____ |
| PAINTING: \$ _____, REPAIRS \$ _____, REPLACEMENTS \$ _____, DEBRIS REMOVAL \$ _____ | TOTAL: _____ |
| UNPAID RENT: Dates from _____ to _____ \$ _____, Late fee(s) \$ _____ | TOTAL: _____ |
| OTHER: _____ | TOTAL: _____ |
| TOTAL CHARGES: \$ | |

P.O. Box