



Authorization to Re-Rent Form

To: _____:

I _____ of Unit # _____
at _____ hereby grant permission
to show my apartment for re-rental effective ____/____/____.

As per the terms and conditions of my lease I agree to:

1. Be responsible for the terms of my current lease until a new tenant has re-rented the unit. I understand that my rental account balance as of this date is \$_____.
2. Agree to pay LESSOR a release fee of one half months rent per our lease.

Signature

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fairfield Realty 219 Newbury Street Boston, MA 02115
(617) 262 - 1470 Fax (617) 262 - 9751