



PARTICIPANT REQUEST TO RESCIND NOTICE

	Name of Ca	seworker:
		Date:
	which was to be effective	
I do not plan to move as previo	ously stated.	
Tenant's Signature		Date
LANDLORD REQUEST TO R	ESCIND NOTICE	
I,	, hereby certify that I am t	he Owner or Manager of the property
located at		which is presently occupied
by	I understan	d that he/she had submitted a written
notice of intent to vacate or sig	ned a mutual rescission agr	eement to be effective on
; h	nowever the tenant has since	advised me that he/she now wishes
to rescind the notice of intent to	o vacate or mutual rescission	n agreement and not vacate the unit
as previously stated.		
The unit has not been re-rente	ed and thus	has
my permission to remain in the	e unit.	
Signature & Title		Date
	Section 8 Owner Liaison Macon-Bibb-County Housir	ng Authority

PO Box 4928

Macon, GA 31208-4928

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