

TENANT INTENTION TO VACATE NOTICE



6/63 Thomson Street, Belmont
Phone: 5223 0400
Fax: 5223 0401
Website: www.debonairpm.com.au

Date: _____

Tenants: _____

Phone

Number: _____

Property

Address: _____

Vacating

Date: _____

Reason For

Leaving: _____

I/We acknowledge that this notice commences from the date of it's receipt in your office and that I am responsible for the rent and condition of the property for the duration of the notice or until an alternative tenancy commences, whichever occurs first;

I/We acknowledge that all keys are to be handed into your office by 5.00pm on the final day of my notice and should I be delayed for any reason, I agree to keep paying rent until all keys are surrendered to your office;

I/We acknowledge that my tenancy agreement permits you to conduct inspections through the property with prospective tenants at reasonable times. I also agree that you may use the office key for access as all inspections are carried out and accompanied by your agency staff.

F o r w a r d i n g
Address: _____

S i g n e d : _____

Date: _____

S i g n e d : _____

Date: _____

S i g n e d : _____

Date: _____

S i g n e d : _ _ _ _ _

OFFICE USE ONLY

Date notice received: _____

Notice expiry date: _____

Received by: _____

Property Manager: _____

Pre-vacating letter to tenant: _____

Landlord advised: _____