

Notice of Tenancy Termination (28 day)

Please fill in the details below and delete* as appropriate.

Name of tenant					
Name of joint tenant					
Address					
	Deatheade				
	Post code:				
When we receive your notice you. This is to carry out a F opportunity for you to ask a	Pre-Termination	Inspection of the pro	perty and is also an		
Please provide your contact details so we can arrange a suitable appointment.					
Email address:					
Telephone number:					
Mobile number:					
I/we* give 28 days' notice from			to end my/our* tenancy		
at the above address. The tenancy will end on					
Please tell us why you are er	nding your tena	incy:			
Moving to private accommoda	tion	Admitted to hospital	or residential home		
Moving outwith Moray		Moving to Housing A	Association property		
Moving in with family or partner another Moray Council proper		Other			

This form is continued over

I/we* have told	the electi	ricity/gas* suppliers th	nat the tenancy will end on	the above date.	
I/we* understar	nd that it is	s my/our* responsibili	ty to read the electric/gas*	meter(s) prior to	
handing in my/	our* keys	and that meter(s) MU	JST BE LEFT FREE OF D	EBT. The utility	
suppliers are:	-				
Gas supplier					
Cas supplier					
Electricity sup	plier				
The property h	nas the fol	llowing adaptations	(please √ all that apply)		
Wheelchair ac			Wheelchair adapted		
Ramp access			•		
Level access s	1	Ctroight	Over bath shower		
Stair lift		Straight	Lowered kitchen		
I land raile		Curved	Crab raile		
Hand rails			Grab rails		
Do you have a a Council site			Are you or	n the grass cutting lis (please $\sqrt{\ }$)	
(please $\sqrt{\ }$)					
Yes No	lf Ye	es , what is the address?		Yes No	
My/our* forwa	rding add	ress will be:			
Name					
Address					
71441000					
		Post code:			
Contact details	 S				
		1			
Name					
Address					
		Post code:			
Contact details					
Contact details	5				

This form is continued over

If you have filled in this form on behalf of the tenant, please print your name and address and state the reason why (e.g. exercising the Power of Attorney (POA)).

Please note: If you have Power Of Attorney we will require a copy of your lasting Power Of Attorney Certificate. Please bring this with you or send us a copy along with this form

with this form.						
Name						
Address						
	Doot ondo					
	Post code:					
Reason						
Email address:						
Telephone number:						
Mobile number:						
The following new	aan(a) ara ayar tha	age of civtoon and live	ot this address as			
		age of sixteen and live				
their principal home. They have been informed that the tenancy will end and will also be leaving the above property by the above date.						
Name	g the above prope					
ivame		Signature				
Signed			Date			
tenant						
Signed			Date			
joint tenant						
Declaration of Sp	OOUSE (if applicable)					
I understand that	my husband/wife, v	who is the sole tenant of	the house named on this			
form, is terminating	ng the tenancy of th	ne house and I hereby de	eclare that I consent to the			
proposed terminat	tion.					
Signed spouse/			Date			
civil partner						

Important information: PLEASE READ CAREFULLY

- The keys for the property must be handed into your local Access Point no later than 12 noon on the day following the termination date or rent will continue to be charged until the keys are returned.
- Please leave the house in a clean and tidy condition. The garden area should also be in a tidy cultivated condition with all sheds or other outbuildings cleared.
- You may be charged for:
 - any problems or repairs not due to fair wear and tear, including 'improvements' that you do not have our written permission for;
 - clearance costs for any rubbish left in and around the property;
 - lost or missing keys; and
 - cleaning the property to meet the reasonable condition for re-letting.

ACCESS POINT DATE STAMP AND SIGNATURE					