



## Notice to Vacate Property

| Date   |  | Tenants             | Name          |                  |   |
|--|--|---------------------|---------------|------------------|---|
| Property Address & Unit No.                                  |  | _                   |               |                  |   |
|  |  |                     |               |                  |   |
| Please tick and fill in below what applies to you            |  |                     |               |                  |   |
| Periodic Contract  |  |                     |               |                  |   |
| In accordance with the                                       | Residential Tenancies Ad                 | ct 1986 I/we her    | eby give 21   | days notice to v | acate the above premises.   |
| Date we will leave   |  |                     |               |                  |   |
| Fixed Term Contract  |  |                     |               |                  |   |
| We hereby give 21 days and/or an agreed date s               | s notice that we will vaca<br>soon after | te the property o   | on the expiry | of our fixed ten | m agreement   |
| Date we will leave   |  |                     |               |                  |   |
| I / we intend to move out before our contract expires on     |  |                     |               |                  |   |
| We understand that we are req secured and their tenancy com- |  | full rent until the | end of our fi | ixed term contra | act or until new tenants are  |
|  | sess the bond refund. I                  |                     |               |                  | will be left in the condition I/we ortunity to return to the property |
| Reason for Leaving   |  |                     |               |                  |   |
|  |  |                     |               |                  |   |
| My / Our current contact details are                         |  |                     |               |                  |   |
| Phone  |  |                     |               | Email            |   |
| My / Our forwarding address is                               |  |                     |               |                  |   |
|  |  |                     |               | Telephone        |   |
|  |  |                     |               |                  |   |
| Signed   |  |                     | I             | Date             |   |