

NOTICE TO VACATE FORM

Date: ____ / ____ / ____

Name: _____

Address: _____

Are You On A:

☐ Fixed Term Lease

☐ Periodic Lease

• If Fixed Term Lease - Date of Lease Expiry: ____ / ____ / ____

Date of Vacate: ____ / ____ / ____

Signed:

Tenant 1 _____ Tenant 2 _____

Name in Full _____ Name in Full _____

If you have any questions or require further information, please contact our office on 9408 6970.