



Please use this form if you wish to end your Garage

(This does not form part of your tenancy agreement)

FULL NAME(S)

I/We wish to end my/our tenancy of garage (give address)

.....

On Monday (give date)

(the date given above must always be a Monday)

I/We promise to give vacant possession of this property to the Council on the date of the termination of this tenancy. I/We understand that I/We must give one week's clear notice.

I/We understand that I/We must pay all rent and other charges up to the date shown above, and that the keys must be returned to the Greenstead Local Housing Office by the last day of the tenancy.

Home Address

Forwarding address (if applicable)

.....

I/We accept that the Council may charge us the cost of putting right any damage to the property that we are responsible for.

I understand that The Council will dispose of any goods that are left in the garage after the termination date. I accept that The Council will charge us for clearing any goods we leave.

Signed

Signed Today's date

Please return this form to:

The Greenstead Local Housing Office, Hawthorn Avenue, Colchester. CO4 3QE.
Telephone 01206 282514

Please Indicate your reason for terminating your garage tenancy.

- | | | | |
|----------------------|--------------------------|---------------------------|--------------------------|
| Condition of Garage | <input type="checkbox"/> | Garage no longer required | <input type="checkbox"/> |
| Moving from the area | <input type="checkbox"/> | Transfer to other garage | <input type="checkbox"/> |
| Tenant deceased | <input type="checkbox"/> | Cost | <input type="checkbox"/> |

PLEASE MAKE SURE THE GARAGE IS EMPTY AND YOU HAVE HANDED IN ALL THE KEYS.

Thank you for your assistance