

Site Garage Termination Form

Termination No:	
Action by:	
Tenancy No:	

Address of Garage _____

Tenancy Termination Date: Sunday
Reason for Termination: No longer required / Notice to Quit / Another Garage Rented / M/Exchange

TENANT Mr / Mrs / Miss / Ms / Other	JOINT TENANT Mr / Mrs / Miss / Ms / Other
Surname	Surname
Forenames	Forenames
Present Address (or NOK Address)	New Address (if applicable)
If deceased – Date of Death	If deceased – Date of Death

IS THE TENANT A S&RH TENANT	YES / NO
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DOES THE TENANT RENT ANOTHER GARAGE	YES / NO
If YES address of other garage	

TENANTS (or NOK) SIGNATURE:	KEYS RECEIVED:
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ALLPAY CARD RETURNED

STAFF SIGNATURE:	DATE:
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ALLOCATION SYSTEM		DATE	
TO HOUSING FINANCE		DATE	