

Storage Shed Vacate Notice



Storage Shed Number: _____ Date: ____/____/____

Tenant(s) Name: _____

Postal Address: _____

Please be advised that we hereby give at least 7 days' notice to vacate the above property on:

Date Vacating: ____/____/____

Contact Details

Phone Number: (M) _____ (W) _____

Email Address: _____

Bank Details

Account Name: _____

BSB: _____ - _____

Account: _____

Tenant(s) Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Enter Vacate Date: Y / N

Paid to Date: ____/____/____ Rent Owing: \$ _____

Tenant Credit: \$ _____ Tenant Refund: \$ _____

Disbursed: Y / N Date: ____/____/____

Bond: \$ _____ Bond Disbursed: Y / N Date: ____/____/____

Key returned ____/____/____

Date File Made Inactive: Date: ____/____/____ Completed by: _____