



ABN 43 610 781 210

241 Springvale Rd, Springvale VIC 3171
Ph: (03) 5443 8093 Fax: (03) 5443 9093

NOTICE TO VACATE

I/We _____
(Tenant/s Name)

Of _____
(Address of Rented Premises)

Hereby give **Select Property Group** the required minimum 28 day's notice of our intention to vacate the above property on ____/____/____.

I/We understand and agree that:

- (1) Rent must be paid to the date noted above, and that rent will be charged until all keys are returned to the **Select Property Group** office. Under the terms of the RESIDENTIAL TENANCIES ACT, the Bond cannot be used in lieu of rent owing at the time of vacating. A \$1,000 fine may be imposed.
- (2) 24 hours notice will be given prior to a prospective tenant inspection. However, if you are uncontactable our staff will use the Select Property Group property key to access the property. At all times the prospective tenant will be accompanied by a staff member of Select Property Group.

Signed: _____ Dated: ____/____/____

Signed: _____ Dated: ____/____/____

My/Our forwarding address is: _____

My/Our contact phone numbers are: _____

Office use only Date received: ____/____/____ By: _____
