

7 DAY – NOTICE TO VACATE
Supa-Safe (Liddiard Rd) & The Safe Space (Argyle St)

I/We _____
(Tenant Name/s)

Hereby give the required 7 days notice of my/our intention to vacate storage unit number:

_____ Facility: _____ Traralgon.

This notice will expire: ____ / ____ / ____

I/We intend to vacate the storage unit on: ____ / ____ / ____

Forwarding/Current Address: _____

Contact details: (M): _____ (H): _____

Email: _____

I hereby acknowledge that I am responsible to remove all items including sweeping out the storage unit leaving it in a clean and tidy condition with no dirt or oil marks on the floor. That I am to pay rent up to and including the vacating date; and that any rent outstanding may be deducted from the bond. I understand I may be charged a cleaning fee if the storage unit is not left in a reasonably clean condition.

Print name: _____

Signed: _____ Date: ____ / ____ / ____

Print name: _____

Signed: _____ Date: ____ / ____ / ____

Please provide your bank account details below so that we can reimburse any over-paid rent and refund the bond (if applicable).

Account Name _____ Bank _____

BSB _____ Account Number _____

***** Please cancel any automated payments that you may have setup for your rent*****