

LONGFORD COUNTY COUNCIL

Four Weeks Notice of Termination

Name _____

Address _____

Termination Date _____

All keys must be handed over to Clerk of Works at local authority house

Customer No _____

Account Balance _____

Important Customer Information

The tenant will be responsible for the condition of the property and for payment of rent up to the date of termination. If all keys are not returned on the date of termination, full rent will be payable until the keys are returned.

The tenant is responsible for the condition of the property, which must be left clean and cleared of personal belongings, furniture and rubbish. The outgoing tenant/next of kin may be liable for the cost of removal of these items and also for making good of any wilful damage and unauthorised alterations carried out to the property during the period of the tenancy.

If you vacate the above property before the termination date full rent will be payable.

Termination of a tenancy may effect your application for social housing in the future.
Termination of a tenancy may effect your application for rent supplement.

I, the undersigned hereby give notice that I wish to terminate the tenancy at the above address.

The Tenant's Signature (Or Administrator of the Deceased Tenant)

Please print name Contact no

FORWARD ADDRESS.....

Council Officials Signature

Reason for termination notice please

Relinquished Transfer Re-possession Tenant deceased

Elderly Persons' Home