

VACATING ENVELOPE

Please complete the checklist below and return to our Agency on the Handover date. Rent is calculated up to and including the date when keys are handed into our Agency.

PROPERTY ADDRESS						
					Office L	
Tenant Action ☐ Premises returned to condition as per Entry Condition Report					Date	Staf
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	Professional Carpet Cleaning receipt enclosed					
	If pets at premises – Professional Registered Pest company's Receipt enclosed for Flea Fumigation					
	☐ If pool at premises and Tenant's responsibility - a Pool Condition Report by professional pool service company is enclosed.					
	All keys & entry a	ntry access items are enclosed including copies of keys given to friends / relatives/ cleaner etc				
	Gas bottles removed / refilled as applicable to Agreement					
If more than 3 Tenants, attach information on a separate page		TENANT 1	TENANT 2	ТІ	ENANT 3	
Full Name/s						
Forwarding address						
Bank Account Account Name: BSB #: Account #:						
Email address						
Work phone number						
Mobile						
Signature						
Date						
OFFICE	USE ONLY					
Date and Time Received		Date:	Time:	Staff:		