

COMHAIRLE CONTAE AN CHLÁIR: CLARE COUNTY COUNCIL

NOTICE OF TERMINATION OF TENANCY

Date:

Name & Addı	ress:	
Contact No.		
Date of termin	nation of tenancy: (4 wks no	otice)
Date of vacati	on of the dwelling:	
Reason for lea	aving:	
ESB & GAS:	What Service pro	ovider(s) are you with:
IF you are Pl	RE-POWER/GAS please l	eave meter card(s) with Clare County Council.
Forwarding ac	ldress:	
it was repair prior sheds • Any a Coun comp • RENT • Please • The h House • Your been	r your Tenancy Agreement let to you i.e. clean and good before it is vacated. A to the property being vac.). Failure to remove these alterations carried out to to cil and are not removable ensation payable in respect ensation payable in respect produce documentary produce will need to be inspecting Section to arrange a section to arrange a section to arrange a section to arrange as to tenancy deposit will only complied with.	cleared in full. roof of your new address. cted by the Council before keys are returned. Please contact nitable date and time for this inspection. be refunded to you, when all the conditions outlined above have
• Do N	OT disconnect the ESB o	GAS supply.
And I/We her	reby confirm that I/We wi	as and from Il not in future seek to be rehoused by Clare County Council use new address as my/our normal place of residence.
SIGNED:		
	Tenant(s)	Tenant(s)
Date:		Council Official.: