

**TERMINATION OF GARAGE TENANCY**

## Please complete ALL sections of this form and sign below

As Licensee of garage (address): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that I wish to terminate my garage license and understand that I must give ONE FULL WEEKS NOTICE (ending on a Sunday).

I confirm that vacant possession will be given and the keys in my charge surrendered by Sunday \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 20\_\_\_\_\_\_\_

Note: Your garage license will terminate on a Sunday; however, West Northamptonshire Council will accept receipt of garage keys up until 12 noon on the Monday following this date. Failure to hand in your keys by the deadline of 12 Noon will result in a further week’s rent being raised on your account.

Reason for termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Address (if different):

Postcode:

Current Home Address:

Postcode:

Contact Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Please note that your garage must be left empty and clean ready for immediate re-letting. Failure to do so may result in you being charged by West Northamptonshire Council, if we have to carry out this work on your behalf.

Note: You will remain liable for the rent up until the date of termination, even if you hand your keys prior to this date. If an extension to this notice period is required, a request, in writing, must be made to West Northamptonshire Council.

Please sign and date below to confirm you wish to terminate your garage tenancy.

**Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACTION | **DATE** | INITIALS | **ACTION** | **DATE** | **INITIALS** |
| NAME: |  |  |  | FORM LOGGED: |  |  |
| ACCT REF: |  |  |  |  KEYS RECD: |  |  |
| TERMINATIONREASON |  |  |  |  VOID STAGE  CREATED: |  |  |

**OFFICE USE ONLY:**