

NOTICE OF TERMINATION OF THE TENANCY AGREEMENT



RIIHIMÄEN
KOTIKULMA OY
KOTIKULMAN
KIINTEISTÖPALVELUT OY

ADDRESS OF THE FLAT THAT THE LEASE IS BEING QUITTED

--

TENANT / TENANTS

Surname and firstname	Social security number	Phone number
Email address		
Surname and firstname	Social security number	Phone number
Email address		

NEW ADDRESS

Address	Postal code	City
---------	-------------	------

TERMINATION OF THE TENANCY AGREEMENT

Date of termination	Date of tenancy ending
---------------------	------------------------

The period of notice for the tenant is one (1) full calendar month. (Law on the rental of a residential apartment; 52§)

The period of notice is counted from the last day of the month when the notice was given.

Keys must be returned at latest at 12:00 on the weekday after the rent contract has ended.

Main reason for terminating the tenancy agreement

DISCLOSURE OF CONTACT INFORMATION DURING THE PERIOD OF NOTICE

<input type="checkbox"/>	My contact information can be given to the next tenant for the presentation of the apartment.
--------------------------	---

INSPECTION OF THE APARTMENT

The apartment will be inspected within a week of release. Warehouses and other tenant controlled existing facilities should be emptied before handing over the keys.

DEPOSIT RETURN

Bank	Account number	Owner of the account
------	----------------	----------------------

The deposit is returned if the apartment is found to be in good clean condition, all rents are paid and keys returned to the office in time.

SIGNATURES AND DATE

Tenant / Tenants	
Name clarification	
Date	Housing company