

**St Albans City and District Council  
Notice of Termination of Tenancy**

Name of Tenant:

Name of Joint Tenant:

Address of property:

Address of Garage (if relevant)

I hereby give 4 weeks notice to Terminate my tenancy of the above dwelling on

Sunday \_\_\_\_\_

Reason for terminating the tenancy:

**The property should be left in a clean and tidy condition and all rooms should be emptied. If items are left in the property these will be disposed of and you will be charged for the removal of these items.**

You should hand your keys in to the Council Offices no later than **12 noon** on the Monday following the end of your tenancy or you will be charged rent until the keys are returned. If there are any outstanding rent or charges then you are asked to make sure these are paid before the tenancy ends. We will try to collect any outstanding rent or charges and may refer any outstanding debt to a collection agency to trace and collect on our behalf.

**Forwarding address:**

**Contact Telephone Number:**

To be completed where tenant has died or is unable to complete form due to ill health.

Name:

Relationship to tenant:

Address:

Contact telephone number:

**Please attach a copy of the relevant documents. (Power of attorney/relevant court order/ Death certificate.)**

Signature of next of kin

Date:

Please note that if a tenant has passed away housing benefit will stop from the Sunday following the death but rent will continue to be charged until the keys are received. Any outstanding rent will be charged to the tenants estate.

Now that you have informed the Council of your intention to end the tenancy at this address your property will be advertised for in the Herts Choice Homes magazine. This means that your property will be advertised before your tenancy ends and you return the keys to the Council. This will allow the Council to select the next tenant for your property at the earliest opportunity. Please help us by providing the following information:

**Number of bedrooms:**

**Property Type:** House / Maisonette / Bungalow / Flat

If relevant which floor is the property on:

Are there any adaptations in the property (please give details)

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Does the property have a separate dining room: Y / N

Are there any bathroom facilities located on the ground floor? Y / N

If yes - Is it WC or bathroom?

You are responsible for informing the appropriate suppliers of services such as gas, electric, water, telephone, etc of the date you intend to move out of the above property and of any relevant meters readings. To assist any future tenants of this property please give the name of suppliers for the following services:

Electric:	
Gas:	

**Name** \_\_\_\_\_ **Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**If only one joint tenant signing please state reasons:**

Please return this form to the Housing Options Team, St Albans City and District Council, Civic Centre, St Peters Street, Herts, AL1 3JE.