NOTICE TO QUIT

Please complete and return this form to Cambridge City Council,
Mandela House, 4 Regent Street, Cambridge, CB2 1BY if you
wish to end your tenancy. If you are delivering this notice in person, please use the letter box outside of Mandela House.

| Name (s) | |
|-------------------------------|---|
| Address | |
| my tenancy a I understand | give 4 weeks (28 days) notice to Cambridge City Council to end it the above address. The 4 weeks notice should end on a Monday. that all outstanding balances of rent and/or service charges must efore handing back the keys. |
| in the propert | sion for Cambridge City Council to dispose of any items remaining by after I leave and I understand that I will be recharged for this and asonable damage caused at the property. |
| | that I will be contacted shortly by the Voids and Lettings Team to id and an end of tenancy inspection. |
| Tenant's Sigı | nature |
| Joint Tenants | s Signature |
| Dated | |
| · | e a forwarding address, contact number and email address: |
| | |
| | |
| Please give o | details of your gas and electric supplier and the type of meter. |
| Gas | Electricity |
| | ers are prepayment meters can you please leave the key\card and eter is in credit. |
| Please give o shower, ramp | details of any disabled adaptations in your property (level access os etc) |
| | |
| | ny questions please feel free to contact us on 01223 457070. |