Exclusive Rentals Ltd
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Fax: (519) 642-0133
info@exclusiverental.ca
www.exclusiverental.ca

NOTICE TO TERMINATE TENANCY

_____
Date

I/We the tenant(s) of _____,
Address

wish to terminate our tenancy as of _____.
Eg. April 30th, 2010

Name(s) & Signature(s) of Tenant(s)

_____ (Print) _____ (Sign)

_____ (Print) _____ (Sign)

_____ (Print) _____ (Sign)

_____ (Print) _____ (Sign)

_____ (Print) _____ (Sign)

_____ (Print) _____ (Sign)

Please provide the preferred method of contact for any rental showings of your property:

Name (First/Last)	Email	Cell Phone #	Provider
Name (First/Last)	Email	Cell Phone #	Provider
Name (First/Last)	Email	Cell Phone #	Provider
Name (First/Last)	Email	Cell Phone #	Provider
Name (First/Last)	Email	Cell Phone #	Provider
Name (First/Last)	Email	Cell Phone #	Provider

***** Provider (Bell, Rogers.. etc) We require this as we will be texting the showing details to your cell phone *****