



# NOTICE TO LANDLORD (TO VACATE)

**Tenants Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

I hereby give you notice that I am giving up possession of the premises:

\_\_\_\_\_  
Complete Street Address (including suite number if applicable)

**Which I hold of you as tenant, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (Move Out Date)**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date Signed (D/M/Y)

Please provide a **FORWARDING ADDRESS** and current contact information so you can receive your final move out information and security deposit refund (if applicable):

_____ Complete Street Address (including suite number if applicable)		
_____ City/Town/Municipality	_____ Province	_____ Postal Code
_____ Home Phone Number	_____ Work Phone Number	

**The Period of notice required by section 8(1)(a) of the Residential Tenancies Act:**

*A Notice to terminate a monthly tenancy must be served by a tenant on the tenant's landlord, on or before the last day of a tenancy month to be effective on the last day of that tenancy month.*

**THIS NOTICE SHOULD BE FILLED OUT IN DUPLICATE, ONE COPY TO BE RETAINED BY THE TENANT.**



## REFERENCE PERMISSION FORM

*This note states that you allow the Medicine Hat Community Housing Society (MHCHS) to provide a landlord reference on your behalf in regards to your tenancy with the agency.*

I, \_\_\_\_\_, give permission to the Medicine Hat Community Housing Society to be a reference for me and my family in regards to living arrangements.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date Signed (D/M/Y)

Please let the administration office know if you have used the agency as a reference and who may be calling us about your tenancy. MHCHS staff will need to verify your request, retrieve your information and obtain your permission to act as a reference.

\*If your name has changes since your tenancy with MHCHS, please indicate your current and former name

**Thank You**