



DATE
STAMP

NOTICE TO LANDLORD		
Press tab key to advance from field to field.		
Date:		
Name of Landlord/Authorized Agent:		
Address:		
City:	Postal Code:	Phone:
I hereby give you notice that I am giving up possession of the premises:		
Apt/Unit No.:	Street No.:	Street Name:
City:		Postal Code:
- EFFECTIVE 1:00 PM -		
On day of Year		
Forwarding Address:		
City:		Postal Code:
Name of Resident:		
Reason for leaving:		

Landlord Signature

Resident Signature

BC Housing collects information on this form to process the end of your tenancy. The collection is in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your information, please contact BC Housing's Privacy Officer by phone at 604-433-1711 or by writing to 4555 Kingsway, Burnaby, BC, V5H 4V8.