TVT A REN AGREE	ITAL
I/We hereby cancel the rental agreement at the address:	
Cancellation of a rental agreement must be made in writing. If you terminate your lease on 1 st - 15th day of the month, th of the following month at the earliest. If you terminate your l the lease will be terminated on the last day of the following n A later date can also be specified as the date of termination.	he lease will be terminated on 15th day lease after the 15th day of the month, nonth at the earliest. Will other residents remain
If the rental agreement has been made in the name of severa cancel the agreement, if the apartment is to be left empty. The date of termination is also the date of moving out.	-
My telephone number and my email address (e.g. for securit	ty deposit refund or some other rental maters).
My telephone number may be shown to the next resident	Νο
If your telephone number may not be given, our apartment i (Act on Residential Leases, Section 22).	inspector will present the apartment on your behalf using a master key
Date of cancelling a rental agreement Date of endi	ing a rental agreement Date of moving out (if known)
Return of deposit (If the tenant is deceased, the estate's BAN account number FI	account number)
Account holder	
After receiving the cancellation form, the TVT representative check the condition of the apartment entering with the mas between Mon-Fri 8 am-4 pm.	
Reason for cancellation	
Acquisition of owner-occupied or right-of- residence apartment	eaving the area Financial reasons
Change to another apartment from the Classe landlord	hange in size of family Death of the tenant
Change to an apartment from another Tr landlord	roubled neighbourhood Other, please specify
By signing below, I hereby declare, that all of the informatio Turku (date)	on I have provided is correct.
Signature	Signature
Name in block letters	Name in block letters
Notice of cancellation received	
Turku (date)	TVT Asunnot Oy Käsitvöläiskatu 3. 20100 TURKU