

ONE MONTH'S WRITTEN NOTICE OF INTENTION TO LEAVE ACCOMMODATION

CURRENT ADDRESS:

Today's Date:

TO: Norfolk & Norwich University Hospital NHS Foundation Trust Estates & Facilities Accommodation Office

RE: NOTICE OF LEAVING ACCOMMODATION

I wish to give notice that I shall be leaving my current accommodation on the morning of (Exact date) before 11am Failure to return keys before this time, will result in an additional charge being made.

I agree to leave my accommodation in a clean and tidy condition

My forwarding address is (Print clearly):

Mobile:

Email:

Yours sincerely

SIGNATURE

NAME (Printed Clearly):

Date received by Accommodation Office:

PLEASE NOTE: FAILURE TO GIVE ONE MONTH'S NOTICE OF YOUR INTENTION TO TERMINATE YOUR TENANCY WILL RESULT IN ADDITIONAL ACCOMMODATION CHARGES EQUIVALENT TO ONE MONTH'S NOTICE PERIOD.