

**One month's written notice of intention to leave accommodation**

**Current Address:**

**Today's Date:** .....

**TO: NORFOLK & NORWICH UNIVERSITY HOSPITAL  
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): (Any deposits/refunds will be forwarded to this address)**

**Tel:**

**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.**