

Växel: 010 - 722 38 00

info@hemvistforvaltning.se

CANCELLATION OF RENTAL AGREEMENT BY TENANT

The period of notice **is three** (3) **months** and is counted from the turn of the following month from when Hemvist Förvaltning has received and provided the termination.

Send the fulfilled termination form to:

Hemvist Förvaltning Smedjegatan 2 C 131 54 Nacka info@hemvistforvaltning.se

The following information states that I as a tenant hereby cancel my rental agreement.

		Object number (12 digits)		
Address	_			
Name	Personal identity nu	ımber	Phone number	
Name	Personal identity nu	ımber	Phone number	
New address:	,			
I want to cancel my rental agreement for parking spot:				
By signing this termination form I accept that my phone number and full name is shared with new applicants for showing the apartment.				
SIGNATURES				
City and date				
Tenant 1		Tenant 2		