

TERMINATION

Termination of: ☐ Apartment ☐ Garage ☐ Parking ☐ Additional storage		
Lerstenens tenant		
Name, tenant 1		Social security number, tenant 1
Name, tenant 2		Social security number, tenant 2
Address		1
Zip/Postal number	City	Apartment number
Home telephone	Cell phone	Worktelephone
Fill out the phone numbers you or your representative can be reached at above. Contract will expire: (3 months after notice of termination, Year, Month, Day) Estimated to be empty: (Wish for the apartment to be released earlier, Year, Month, Day) Parking/garage/additional storage nr: I/We accept that the apartment can be rented out from the date above and that the phone number can be handed out to Lerstenens customers for contact of showing the apartment.		
city, date:		
Signature contract holder, tenant 1		Signature contract holder, tenant 2
Note! If you are 2 people as contract holders, both of your signatures are required above for the termination of contract to be valid.		
Other information:		

Send to: Lerstenen, Storgatan 28 J, 903 21 Umeå