



Property Management

a division of Associa® British Columbia, Inc.

301 – 1001 Cloverdale Ave
Victoria, BC, Canada, V8X 4C9

Phone: 250-475-2005
Fax: 250-475-2008

ONE TENANT LEAVING

Date: _____

Re: _____

I, _____ vacated my suite on _____ 20___. I will
Vacating Tenant
transfer my portion of the security deposit plus interest to the remaining tenant(s).

I/We _____ the
remaining tenant(s) agree to be solely responsible for the tenancy at the above address.

Vacating Tenant

Witness' Signature

Date Signed

Print Witness' Name

Remaining Tenant

Witness' Signature

Date Signed

Print Witness' Name