

Dismissal of rental apartment

The tenant's name and address

Phone number: _____

New address:

The date of termination

_____._____._____

The accommodation is free starting

_____._____._____

Tenants signature

Bank account number (for returning deposit after reviewing the condition of apartment)

Student seat reservation

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

School semester /year beings

VA markings

Merk	<input type="checkbox"/>	Hv	<input type="checkbox"/>
Sä	<input type="checkbox"/>	Tk	<input type="checkbox"/>
Psiirto	<input type="checkbox"/>	Sit	<input type="checkbox"/>
Al	<input type="checkbox"/>		

VA officer's signature
