

Date:

Agent Details:

Agent Name:

Agent Address:

Dear

RE: *Termination of agency management for the following property.*

Street:

Suburb:

Post Code:

Please accept this letter as my 30 days' notice to transfer the management of the above mentioned property to Award Property Management.

Please ensure that all the relevant documentation noted on the attached checklist is transferred to:

Award Property Management

PO Box 5491

Alexandra Hills QLD 4161

T: (07) 3824 0045

E: rentals@awardproperty.com.au

Award Property Management will be in contact with you to ensure all documentation is transferred no later than 30 days from the date of this letter.

Thank you for your assistance in the management of my property to date and I thank you in advance for your full cooperation during the transition process.

Regards,

CC: Award Property Management via rentals@awardproperty.com.au



AWARD PROPERTY MANAGEMENT PTY LTD

Award Property Management is the Agency appointed as Managing Agent.

Please hand over the following items to the Agency representative as indicated below

Items to be handed over to agency by / /	Current Agent to Complete	<input type="checkbox"/> Copy of all keys and access items + Photocopy signed by tenant
		<input type="checkbox"/> Copy of General Tenancy Agreement
		<input type="checkbox"/> Copy of Application Form for each Tenant and Approved Tenant
		<input type="checkbox"/> Copy of Bond Receipt Confirmation and Change of Lessor or Lessors Agent Bond Form 5
		<input type="checkbox"/> Copy of photos from condition report inspection
		<input type="checkbox"/> Copy of Entry Condition Reports with inventories, if applicable
		<input type="checkbox"/> Copy of Tenant's Ledger, Tenant contact numbers and email addresses
		<input type="checkbox"/> Copy of Smoke Alarm/Pool Safety Certificates/Plumbing audit certificate, Invoice
		<input type="checkbox"/> Copy of Body Corporate By-Laws, warranty documents and appliances instructions
		<input type="checkbox"/> Details of outstanding repairs/maintenance issues
		<input type="checkbox"/> Copy of last Routine Inspection Report
<input type="checkbox"/> Copy of any Insurance policies held in the Lessors name		

Landlord	Name:	
	Signature:	Date: / /
	Name:	
	Signature:	Date: / /