



The Battlefords Housing Authority
831 104th Street
North Battleford, SK S9A 4B2
Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritiesk.com

NOTICE TO VACATE

Date: _____

Re: _____ (Name of Tenant Vacating) of

Unit Address: _____

I, _____, (Tenant, Power of Attorney, Executor,

Other _____) hereby give one month's notice that the above-mentioned tenant will be

Vacating the said premises by the end of _____. By giving notice,

I understand I am responsible for rental, upkeep, and utility billings until the last day of the vacating

month.

Signature

FOR SECURITY DEPOSIT PURPOSES, PLEASE PROVIDE:

FORWARDING ADDRESS

Name: _____ Phone: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Email Address: _____

ALTERNATE CONTACT

Name: _____ Phone: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Relationship: _____

REASON FOR VACATING

(check ✓ on reverse side)

DESTINATION

(check ✓ on reverse side)

Reason for Vacating:

<input checked="" type="checkbox"/>		
<input type="checkbox"/>	DE	Deceased
<input type="checkbox"/>	DOM	Domestic/Family Problems
<input type="checkbox"/>	ED	Education Reasons
<input type="checkbox"/>	EMA	Moving to Accept Employment
<input type="checkbox"/>	EMS	Moving to Seek Employment
<input type="checkbox"/>	EV	Evicted
<input type="checkbox"/>	FD	Financial Difficulty
<input type="checkbox"/>	HR	Health Reasons
<input type="checkbox"/>	IIE	Increased Income – Employment
<input type="checkbox"/>	IIO	Increased Income – Other
<input type="checkbox"/>	MAR	Marriage or Common Law
<input type="checkbox"/>	NB	Neighbourhood (Safety Etc.)
<input type="checkbox"/>	OD	Dissatisfaction – Other
<input type="checkbox"/>	PME	Personal/Mental/Emotional
<input type="checkbox"/>	SU	Suitability (Dependent Change)
<input type="checkbox"/>	UN	Unknown or Abandoned
<input type="checkbox"/>		

Destination:

<input checked="" type="checkbox"/>		
<input type="checkbox"/>	AFD	Affordable Housing
<input type="checkbox"/>	FAM	Live with Family or Friends
<input type="checkbox"/>	HLS	Homeless/Transient
<input type="checkbox"/>	HOM	Homeownership
<input type="checkbox"/>	LTC	Long Term Care
<input type="checkbox"/>	OPR	Out of Province
<input type="checkbox"/>	OS	Other Subsidized
<input type="checkbox"/>	PAL	Palliative Care
<input type="checkbox"/>	PHC	Personal Home Care
<input type="checkbox"/>	PR	Private Rental
<input type="checkbox"/>	REL	Relocated Out of Community
<input type="checkbox"/>	TMP	Shelter/Halfway House/Rehab
<input type="checkbox"/>	TR	Transfer to Another Unit
<input type="checkbox"/>	UN	Unknown
<input type="checkbox"/>		
<input type="checkbox"/>		