**CHANGE OF MANAGEMENT**

**TO WHOM IT MAY CONCERN**

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In regards to the property(s) below

Property Address 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This is to confirm that I/we wish to terminate our management contract with your Company, the details of which can be found above. This letter begins the required notice period as stipulated in our agreement.
2. A representative of Optime Properties will be in touch with you shortly to arrange pick-up of the following documentation.
3. Current General Tenancy Agreement
4. Application Form(s) for all tenants
5. Bond Lodgement Form
6. Bond Lodgement Receipt
7. Entry Condition Report
8. Current Contact Details for the Tenants (If Applicable)
9. Tenant Ledger
10. Signed Form 5 (Change of Lessor/Lessors Agent)
11. Any Keys or remote controls for the Property
12. Any Body Corporate By-Laws
13. Any Warranties Relating to the Property
14. Smoke Detector Servicing Report or date of last Service
15. Pool Compliance Certificate

I/We hereby give authority for a representative of Optime Properties to collect the above documents

Signature/s

Landlord 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

