

## NORTHWEST TERRITORIES RENTAL OFFICE

Phone: (867) 767-9254 Fax: (867) 873-0489
Toll Free: 1-800-661-0760 E-Mail: RentalOffice@gov.nt.ca

## **REPORT OF RETURN**

If the tenant or owner picks up the property during the 60-day storage period, complete this section and mail, fax, or e-mail it to the rental office.

Tenant's nam	e: _					_
Landlord's na	me:					_
Landlord's tel	ephone:					_
Date property	returned:					_
Landlord's sig	nature:					_
	ı	REQUEST	TO DISPO	SE		
If you have stored the the property, you ma and returning it to th	y request permi	ssion to d	ispose the	property		
Do not return	this section unt	il the 60-c	lay period	l expires.		
Tenant's nam	e:					_
Landlord's name:						_
Landlord's tel	ephone:					_
Date property	was put into sto	orage:				_
Was tenant p □ □	rovided a copy o Yes No - <i>provide red</i>		•			
Landlord's signature:						_