



DECLARATION

Tenancies

Customer Service Centre
91 Grenfell Street
ADELAIDE SA 5000

GPO Box 965
ADELAIDE SA 5001

Tel: 131 882
Fax: 8204 9570
www.sa.gov.au

This form is to be completed ONLY if one tenant/resident is claiming payment of the bond refund and there are other tenant's/resident's listed on the bond.

Re:

Tenant(s)/Resident(s) :

Landlord/Agent/Proprietor :

Bond Number :

I, of (forwarding address)
.....

authorise Consumer and Business Services to make this payment in my name only. I understand that if there is a dispute regarding this payment, it may lead to a civil claim from other tenants/residents listed on the bond, and is not the responsibility of Consumer and Business Services.

Signed:

Dated: