

Consumer Affairs Victoria Request for Inspection of Goods Left Behind

Office use only

File no.

Officer

1. Landlord's details

Name of landlord

Address

Postcode

Business telephone number

Mobile telephone number

2. Agent's details (if applicable)

Name of agency

Name of agent's representative

Business address

Postcode

Business telephone number

Mobile telephone number

3. Tenant's details

Name of tenant(s)/resident(s)

Address of tenant/resident (if known)

Postcode

Home telephone number

Business telephone number

Mobile telephone number

4. Address of former rented premises where goods left

Postcode

5. Reasons why you believe the tenancy is terminated

Date tenant/resident vacated the property?

Has an order of Possession been obtained from the Victorian Civil and Administrative Tribunal?

No

Yes

Date

Has a Declaration of Abandonment been obtained from the Victorian Civil and Administrative Tribunal?

No

Yes

Date

Has the tenant/resident returned the keys?

No

Yes

Date

Has a notice to vacate been served on the tenant/resident by the landlord/agent?

No

Yes

Date

Has the tenant/resident served a notice to vacate?

No

Yes

Date

Other reasons why you believe the tenancy is terminated

6. Contacting the tenant

What steps have you taken to contact the tenant/resident (or tenant's/resident's relatives, friends or representative) regarding the collection of the goods?

Details (including dates of contact)

7. Signature of person requesting this inspection

Printed name

Date

8. How to lodge this form

Post to: Consumer Affairs Victoria GPO Box 123 Melbourne 3001
OR Fax to: 8684 6310

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