

# Your Service Family Accommodation Notification Of Proxy

Address	
Date and Time Move Out/Move In (delete)	
I am unable to attend the Move In/Move Out for the following Service Reasons:	
Forwarding Address (inc Postcode)	

LICENSEE DETAILS		PROXY DETAILS	
Name		Name	
Contact Number		Contact Number	
Alternative Contact number		Alternative Contact number	
E-mail		E-mail	
		Relationship to Licensee	

## LICENSEE DECLARATION

### **Move In**

I understand the findings and decisions of the CarillionAmey representative and my nominated proxy will be binding and I accept the SFA as being acceptable for Move In as agreed by my proxy.

### **Move Out**

I am aware that it is my responsibility to inform my proxy of all damages, defects and deficiencies relating to the property and its inventory. I agree to accept charges for SFA cleaning, loss/damage beyond fair wear and tear, as assessed by the CarillionAmey representative and witnessed by my proxy.

Signature		Date	
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## PROXY DECLARATION

I am willing to act as proxy for the Move Out/Move In and am aware that I will be entirely responsible for the property whilst it is in my charge. I am prepared to represent the licensee in all issues including acceptance of charges.

Signature		Date	
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### *Official Use Only*

<b>APPROVED</b>	<b>NOT APPROVED</b>

Signature		Date	
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