

Form "A"
**Inventory of Tenant's Abandoned
Personal Property**

Address of Rental Premises	Name of Tenant
Forwarding address for tenant, if known or if unknown for person listed on the lease as next of kin	
Date tenant abandoned rental unit	
Amount of security deposit	
Has tenant or next of kin been contacted? (by registered mail)	
Location where personal property will be stored	

_____ Landlord's name	_____ Address	_____ Telephone number/Fax number
_____ Contact person		_____ Telephone number

- ☐ The goods are unsanitary or unsafe to store - dispose of immediately.
- ☐ The goods are of an estimated value under \$500 - landlord requests permission to dispose of them after storing them for 60 days.
- ☐ The goods are of an estimated value over \$500 - landlord will store then for 60 days.
- ☐ The goods include an abandoned mobile home.

List of abandoned personal property: *(Attach additional pages if necessary.)*

Additional information:

_____ Signature of landlord	_____ Date
_____ Witness	_____ Date

Please forward a copy of this inventory to Service Nova Scotia and Municipal Relations and to the tenant, if forwarding address is known, or the next of kin as noted on the lease.