

Storage Unit Termination Form

Application to terminate allocated storage unit space for Beresford Square Market.

Your details

| | |
|---------------------|--|
| Your full name | |
| Pitch number | |
| Trading name | |
| Home address | |
| Postcode | |
| Mobile phone number | |
| Email address | |

Storage unit details.

| | | |
|----------------------------|-----------------|--|
| Storage unit number | | |
| Storage unit location | Market compound | |
| | Other | |
| Storage permit expiry date | | |

Your signature

| | |
|----------------------|--|
| Licensee's signature | |
| Date | |

For Markets and Street Trading team use only

| | |
|----------------------------------|--|
| Officer's name (capital letters) | |
| Officer's signature | |
| Date | |

For debt team use only

| | |
|----------------|--|
| Account number | |
|----------------|--|