



Rue du Parc 4 / 1207 GENEVE • tél. + 41 (0)22 312 04 50 • fax + 41 (0)22 312 04 75 • [www.nettilac.ch](http://www.nettilac.ch) • [info@nettilac.ch](mailto:info@nettilac.ch)

**\*LEASE APPLICATION FOR HOUSING / GARAGE / PARKING**

\*The undersigned declares that the information below are consistent with the truth and they authorize management to take, if necessary, the necessary additional information.

**\*LEASE APPLICATION**

|                     |                                           |
|---------------------|-------------------------------------------|
| Address :           | Route de Florissant 62                    |
| City :              | GENEVE                                    |
| Dossier:            | FL62RIC504 (741047 000 504)               |
| To rent :           | Appartement de 2.5 pièces N° 5.04 Etage : |
| Garage Parking N° : |                                           |
| Rent :              | CHF 2'600                                 |
| Electricity cost :  |                                           |
| Wifi :              |                                           |
|                     |                                           |
|                     |                                           |
|                     |                                           |
| Nameplate :         | CHF 70                                    |
|                     |                                           |
|                     |                                           |
|                     |                                           |

**TITULAIRE BAIL DU SOCIETE**

**COMPANY :**

|          |  |
|----------|--|
| Street : |  |
| City :   |  |
| Phone :  |  |
| Email :  |  |

**ADMINISTRATEUR**

**ADMINISTRATEUR /  
PERSONNE (s) AUTORISEE (S)**

|                |  |  |
|----------------|--|--|
| Sir / Madam :  |  |  |
| Name :         |  |  |
| Firstname :    |  |  |
| Street :       |  |  |
| City :         |  |  |
| Phone number : |  |  |
| Cell number :  |  |  |



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## SOCIETE DE RELOCATION

Company :

Manager :

Street :

City :

Phone :

Cell number :

Email :

## ADRESSE DE COURRIER

Name :

Street :

City :

To the attention of :

## ADRESSE BVR

Name :

Street :

City :

## OCCUPANT DES LIEUX

Sir / Madam :

Name :

Cell number :

Email :

Pets yes/no :

Type and breed :

## BAIL

Lease start date :

Duration :

Renewal :

Notice :



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\*If accommodation - garage - parking is allocated to you and you withdraw, an amount of CHF 300.- +VAT 8.1% will be requested from you to cover the costs of establishing a lease and providing financial information.

\*In the event of late cancellation, an additional half-month's rent may be requested from you to cover the damage suffered by the owner of the building.

#### DOCUMENTS TO PROVIDE

SIGNATURE tenant :

SIGNATURE co-owner or guarantor :

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