

NOTICE OF TERMINATION OF TENANCY

TENANT(S): _____ DATE: _____
(AND ALL OTHERS)

ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

NOTICE OF TERMINATION OF TENANCY

This is your 5-day written notice of termination for the following breach of A.R.S. §33-1341 and materially affecting health and safety:

To cure the breach of your duties as required by A.R.S. §33-1341 you must do the following:

If you fail to cure the above breach of your rental agreement by within five (5) days of your receipt of this notice your rental agreement and tenancy at:

_____ is terminated.

Date for Cure or Termination: _____

Landlord

Phone

Method of Service:

Method of Service: Personal Service: _____ Certified or Registered Mail: _____*

*** Five days have been added for cure or termination if notice has been served by certified or registered mail.**