

20-DAY NOTICE OF TERMINATION OF TENANCY

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

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

20-DAY NOTICE OF TERMINATION OF TENANCY

You are hereby notified that your month-to-month rental agreement and tenancy for the premises and dwelling unit located at:

shall be and is terminated on _____ (This date must be at the end of the monthly rental period).
(Date)

Please note that you remain liable for rent through _____.
(Date)

Landlord Phone

Method of Service: Personal Service: _____ Post and Mail: _____*

*** Add one additional day for compliance if served by post and mail**