NOTICE TO VACATE (UNAUTHORIZED OCCUPANT)



OCCUPANT NAME(S):		and all other occupants
RENTAL ADDRESS:		UNIT#
CITY:	STATI	E:ZIP:
O Personally delivered to occupant on a	t: am/pm Circle one	
O Mailed to occupant(s) via first class mail on $__$	(Add a minimum of three days to the termination date below for	r mailing, not including the date mailed)
Pursuant to the Oregon Residential Landlord-Tenant Achas vacated the premises; (2) that the person(s) occu whereunder assignment and/or subleasing the premise any rent payments from the persons in possession.	pying the premises is/are holding possession of the	premises contrary to a written rental agreement
Based on your unauthorized occupancy of the property, the day, on (must be a minimum of 24 h		
If you fail to vacate the premises by the date set forth Landlord/Owner/Agent does not waive the right to term		
If the recipient is a veteran of the armed forces, assist information for a local county veterans' service officer		
WARNING: This form may not be reprinted without written Permission of the Oregon Apartment Association Inc.	X Landlord/Owner/Agent Date	Landlord/Owner/Agent's telephone Copied to:
CONSISSION OF CONTROL	Landlord/Owner/Agent's address	Copied to: