308

24 HOUR NOTICE TO VACATE- SQUATTER

OCCUPANT NAME(S): _____ *and all other occupants*

RENTAL ADDRESS: _____ UNIT# _____

CITY: _____ STATE: _____ ZIP: _____

○ Personally delivered to occupant on ___ ___ ___ at ___:___ am/pm
Circle one

○ Mailed to occupant(s) via first class mail on ___ ___ ___ *(Add a minimum of three days to the termination date below for mailing, not including the date mailed)*

Pursuant to the Oregon Residential Landlord Tenant Act, you are receiving this notice because you are a squatter, the purpose of this Notice is to inform you that: (1) the authorized tenant(s) no longer occupies and has vacated the premises; (2) that the person(s) occupying the premises is/are holding possession of the premises contrary to a written rental agreement whereunder assignment and/or subleasing the premises without landlord's written permission is prohibited; and (3) the landlord has not knowingly accepted any rent payments from the persons in possession.

Based on your unauthorized occupancy of the property, this shall constitute your notice to vacate the above described premises no later than 11:59 pm-the end of the day, on ___ ___ ___ ***(must be a minimum of 24 hours, not including extra days required when service is only done by first class mail).***

If you fail to vacate the premises by the date set forth hereinabove, landlord intends to retake possession as permitted by ORS 105.105 et. seq. Landlord/Owner/Agent does not waive the right to terminate tenancy by simultaneously or subsequently served notices.

If the recipient is a veteran of the armed forces, assistance may be available from a county veterans' services officer or community action agency. Contact information for a local county veterans' service officer and community action agency may be obtained by calling a 2-1-1 information service.

X_____
Landlord/Owner/Agent Date

_____
Landlord/Owner/Agent's telephone

_____
Landlord/Owner/Agent's address

Copied to: _____

EQUAL HOUSING OPPORTUNITY

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PREVIEW ONLY