10-DAY NOTICE OF TERMINATION OF TENANCY (REFUSAL TO ALLOW LAWFUL ACCESS)

TENANT(S): _____ DATE: _____
(AND ALL OTHERS)
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

10-DAY NOTICE OF TERMINATION OF TENANCY (REFUSAL TO ALLOW LAWFUL ACCESS)

This is your 10 day notice of termination because you have refused to allow your Landlord lawful access to the dwelling you are renting. You failed to allows lawful access after appropriate notice on the following day(s) _____.

Due to your failure to allow lawful access as specified above, your tenancy is terminated is on _____ (Date) at midnight (end of day).

You must quit the premises no later than the date and time of termination of the tenancy specified above.

If the tenancy terminates and you continue to occupy the premises, the landlord may commence a civil action to remove you and recover possession.

Service Method:

___ Personal delivery

___ Left at the premises in case of absence from the premises, or

___ Registered or certified mail*

*Three days must be added to the number of days in the termination period set forth above.

_____ _____
Landlord Phone

PREVIEW ONLY

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