30-DAY NOTICE OF TERMINATION OF TENANCY

TENANT(S):	DATE:
TENANT(S):(AND ALL OTHERS)	
ADDRESS:	UNIT:
CITY:	STATE: ZIP:
30-DAY NOTICE OF	TERMINATION OF TENANCY
-	-to-month rental agreement and tenancy for the premises
and dwelling unit located at:	
(Address)	
(Address)	
shall be and is terminated on	(Last day of the applicable rental period).
(Date)	
Please note that you remain liable for rer	nt through
	(Date)
Landlord	Phone
Method of Service: Personal Service:	Certified or Registered Mail:*
* Five days have been added for cure of	or termination if notice has been served by certified
or registered mail.	

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