30-DAY NOTICE OF TERMINATION OF TENANCY

TENANT(S):		DATE:
(AND ALL OTHERS)		
ADDRESS:		UNIT:
CITY:	STATE	E:ZIP:
30-DAY NOTICE O	F TERMINATION	OF TENANCY
You are hereby notified that your mont	h-to-month rental agreeme	ent 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 r	ent through	
	(Date)	
Landlord	Phone	
Method of Service: Personal Service:	Certified or Regis	stered Mail:*
* Five days have been added for cure	e or termination if notice	has been served by certified
an na sistanad mail		