NOTICE OF TERMINATION OF TENANCY

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

NOTICE OF TERMINATION OF TENANCY

This is your 5-day written notice of termination for the following breach of A.R.S. §33-1341 and materially affecting health and safety:

_____

_____

To cure the breach of your duties as required by A.R.S. §33-1341 you must do the following:

_____

_____

If you fail to cure the above breach of your rental agreement by within five (5) days of your receipt of this notice your rental agreement and tenancy at:

_____

is terminated.

Date for Cure or Termination:_____

_____ _____

Landlord Phone

Method of Service:

Method of Service: Personal Service:____ Certified or Registered Mail:____*
*** Five days have been added for cure or termination if notice has been served by certified or registered mail.**

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PREVIEW ONLY