60-DAY NOTICE OF TERMINATION OF TENANCY

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

60-DAY NOTICE OF TERMINATION OF TENANCY

You are hereby notified that your month-to-month rental agreement and tenancy for the premises and dwelling unit located at:

_____
(Address)
shall be and is terminated on _____ (Date)

Please note that you remain liable for rent through _____.
(Date)

_____ _____
Landlord Phone

Method of Service:

Personal Service:____

Substitute Service and Mailing:____ *

Post and Mail Service:____ **

Certified/Registered Mail:____

* To be used after attempting to serve at the tenant's home and any known place of employment.

** To be used after attempting service as described above and no person of suitable age can be found at the residence.

PREVIEW ONLY

©2009 NO PORTION of this form may be reproduced without written permission.