NOTICE OF TERMINATION OF TENANCY – NO CURE

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

NOTICE OF TERMINATION OF TENANCY – NO CURE

You are advised that your lease is terminated effective immediately. You shall have 7 days from the delivery of this letter to vacate the premises. This action is taken because:

_____

_____
(Cite the noncompliance)

_____ _____
Landlord Phone

Method of Service: Personal Service:____ Mail: ____ Post:_____

PREVIEW ONLY

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