

NOTICE OF TERMINATION OF TENANCY – NO CURE

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

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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: _____