NOTICE OF TERMINATION OF TENANCY FOR NON PAYMENT OF RENT

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

This is your 7-day written notice of termination for failing to pay your rent when due.

You must pay your rent within seven (7) days of the date of this notice or your rental agreement and tenancy at:

_____
(Address)

will be terminated.

Past Due Rent $ _____

Date for Cure or Termination: _____ .
(Date)

_____ _____
Landlord Phone

_____
Landlord Address

Service:

____ Personal Delivery

____ Certified or Registered Mail

PREVIEW ONLY

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