30-DAY NOTICE OF TERMINATION OF TENANCY

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

30-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)

You are advised that, if you are 60 years of age or older or have a physical or mental disability, you may request to be allowed to continue in possession for an additional 30 days beyond the time specified above by submitting a written request for an extended period and providing proof of your age or disability. However, if this notice is given pursuant to N.R.S. 40.251(1)(b)(2), your landlord is not required to allow you to continue in possession.

The following court has jurisdiction over the matter: _____

You have the right to contest the notice by filing within 5 days an affidavit with the court that has jurisdiction over the matter that the tenant is not guilty of an unlawful detainer.

_____ _____
Landlord Phone

Method of Service:

Personal Service:_____ *

Substitute Service:_____**

Post and Mail:_____

***Presence of witness required.**
**** Left with a person of suitable age at the place of residence and mailed to the tenant**

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PREVIEW ONLY