TEN-DAY NOTICE OF TERMINATION OF TENANCY

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

This is your ten-day written notice of termination for the following conduct:

_____

The facts relied upon by your Landlord for removal are:

_____

To cure the breach you must do the following:

_____

If you fail to cure the above breach of your rental agreement within ten days of the date of this notice your rental agreement and tenancy at:

_____

(Address)

is terminated.

Date for Cure or Termination: _____
(Date)

_____ _____
Landlord Phone

_____
Landlord Address

Service:

____ Personal Delivery

____ Left at usual place of abode w/family member over age 14

____ Affixed to the dwelling in a conspicuous location and within one day mailing by registered or certified mail and first class mail

PREVIEW ONLY

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