24 HOUR NOTICE OF TERMINATION - UNAUTHORIZED OCCUPANT

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

The purpose of this Notice is to inform you that: (1) the authorized tenant(s) no longer occupies and has vacated the premises; (2) that the person(s) occupying the premises is/are holding possession of the premises contrary to a written rental agreement where under assignment and/or subleasing the premises without landlord's written permission is prohibited; and/or (3) the landlord has not knowingly accepted any rent payments from the persons in possession.

Based on your unauthorized occupancy of the property, this shall constitute your notice to vacate the above described premises no later than the date and time specified below.

If you fail to vacate the premises by the date set forth herein above, legal action will be taken against you without further or additional notice.

If the recipient is a veteran of the armed forces, assistance may be available from a county veterans' services officer or community action agency. Contact information for a local county veterans' service officer and community action agency may be obtained by calling a 2-1-1 information service.

SERVICE METHOD:

____ **Personal service/delivery.** You must vacate on (Date)_____at 11:59pm.

____ **First Class Mail.** The time limit for this notice has been extended by at least four days including the date this notice was mailed. You must vacate on (Date)_____ at 11:59pm.

LANDLORD/AGENT: _____

LANDLORD'S ADDRESS: _____

LANDLORD'S TELEPHONE: _____

COPIED TO: _____

_____ _____
Landlord's (or Agent's) Signature Date

PREVIEW ONLY

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