NOTICE OF TERMINATION OF TENANCY FOR NON PAYMENT OF RENT

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

This is your 10-day written notice of termination for failing to pay your rent when due.

You must pay your rent within ten (10) days of your receipt 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

____ Posted conspicuously on the leased premises

PREVIEW ONLY

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