

15-DAY NOTICE OF TERMINATION OF TENANCY

TENANT(S): _____ DATE: _____
(AND ALL OTHERS)

ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

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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 _____ (This date must be at the end of the monthly
rental period). (Date)

Please note that you remain liable for rent through _____.
(Date)

Landlord Phone

Method of Service:

Personal Service: _____ Post and Mail: _____ Substitute Service: _____ **

Certified or Registered Mail: _____

** Leaving with a person of suitable age and mailing