15-DAY NOTICE OF TERMINATION OF TENANCY

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

15-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 _____ (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

PREVIEW ONLY

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