NOTICE OF DEFECTIVE DRYWALL

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

NOTICE OF DEFECTIVE DRYWALL

You are hereby notified that your Landlord has actual knowledge of the existence of defective drywall in the dwelling unit that has not been remedied.

Received by:

_____ _____
Applicant Date

_____ _____
Applicant Date

PREVIEW ONLY

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