

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