20-DAY NOTICE OF TERMINATION OF TENANCY

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

20-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:

_____

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:_____*
*** Add one additional day for compliance if served by post and mail**

PREVIEW ONLY

©2009 NO PORTION of this form may be reproduced without written permission.