20-DAY NOTICE OF TERMINATION OF TENANCY

TENANT(S):			DATE:
(AND ALL OTHERS)		4	
ADDRESS:		1	UNIT:
CITY:	ST	TATE:	ZIP:
20-DAY NOTICE O	F TERMINATION	ON OF TEN	ANCY
You are hereby notified that your mor	nth-to-month rental agre	eement and tenand	y for the premises
and dwelling unit located at:			
			1 01 11
shall be and is terminated on	(This da	te must be at the	end of the monthly
rental period). (Date)			
Please note that you remain liable for	rant through		
r lease note that you remain hable for	(Date)		·
	(Date)		
Landlord	Phone		
Landiord	Thore		
Method of Service: Personal Service:	Post and Mail:	*	
* Add one additional day for compl			

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