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

This is your 20-day written notice of termination for the following reason (check the cause that applies):

___ You have received four written notices of over due rent in the past 12 months.

___ You have received three 10-day written notices to comply with a material term of the lease or rental agreement in the past 12 months.

___ The owner wishes to occupy the premises personally, or a member of the owner's immediate family will occupy the unit and no substantially equivalent unit is vacant and available in the same building.

___ Your occupancy is conditioned upon employment on the property and your employment has been terminated.

___ The owner plans a major rehabilitation and has obtained required permits and a Tenant Relocation License.

___ The owner has decided to convert the building to a condominium or a cooperative.

___ The owner has decided to demolish the building or convert it to non-residential use and has obtained the necessary permit and a Tenant Relocation License.

___ The owner seeks to discontinue use of a unit not authorized under the Land Use Code and has received a Notice of Violation.

___ The owner needs to reduce the number of tenants sharing a dwelling unit in order to comply with Land Use Code restrictions.

____ The owner must terminate a tenancy in a house containing an approved ADU in order to comply with the development standards for ADUs, after receiving a Notice of Violation of the Land Use Code.

___ An Emergency Order to Vacate and close the property has been issued by the Department of Planning and Development and the tenants have failed to vacate by the deadline given in the Order.

Your rental agreement and tenancy at:
_____is terminated
at the end of the day on_____(date must be at the end of the rental period).

_____ _____
Landlord Phone

Method of Service: Personal Service:____ Post and Mail:_____*
*** Add one additional day for compliance if served by post and mail.**

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PREVIEW ONLY