Lease Termination Letter

 State of Massachusetts

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(All Tenants and Occupants in possession of the Property)

The Property being located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Please score a black line through the non-applicable one.*

I am the (Tenant/ Landlord) and this is my official notice that the lease entered into on \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year will be terminated on the \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year and you must surrender possession of the Property on this date. Termination for the (Tenant/ Landlord) must be at least thirty (30) days from the next payment date or as long as the interval between payment periods, whichever is longer.

Upon the Tenant surrendering possession of the Property a move-out inspection shall be conducted by both parties on \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year. After the move-out inspection of the Property, the security deposit of \_\_\_\_\_\_\_ Dollars ($\_\_\_\_\_\_\_\_) will be delivered to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_.

LANDLORD/ AGENT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD/ AGENT’S PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROOF OF SERVICE

I certify that on \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year I personally delivered the attached Eviction Notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please tick the applicable one.*

( ) personally at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) a person of suitable age and discretion at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) by first class mail to the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_