

EVICTON NOTICE

Date: _____

To: _____.

(All Tenants and Occupants in possession of the Property)

The Property being located at: _____
_____.

YOU ARE HEREBY NOTIFIED THAT, under the Lease Agreement (for the Property stated above) entered into on ____ day, _____ month, _____ year.

With regards to your Lease Agreement and the laws of the State of _____ You are hereby required to:

Violation of the Lease Agreement

Please tick the applicable one.

() Pay the Landlord the overdue amount of Rent equating to _____ Dollars (\$ _____) as calculated as follows: _____ Dollars (\$ _____) due from ____ day, _____ month, _____ year to ____ day, _____ month, _____ year. The Rent is to be paid within ____ days of this notice. If the Rent is not paid within ____ days of this notice you shall surrender possession of the Property.

() Surrender possession of the Property due to _____ within ____ days of this notice.

() Remedy the non-compliance with the Lease Agreement and notify the Landlord of the remedy within ____ days of this notice. The non-compliant act being _____. If the Remedy is not completed within ____ days of this notice you shall surrender the possession of the Property.

End of Tenancy

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.

THIS NOTICE IS IN COMPLIANCE WITH THE STATE LAWS AND IN ACCORDANCE WITH THE LEASE AGREEMENT. IF YOU FAIL TO COMPLY WITH THIS NOTICE LEGAL PROCEEDINGS WILL BE INSTITUTED TO RECOVER POSSESSION OF THE PROPERTY AND RENT.

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 _____