

EVICTIION NOTICE

TO (Tenant Name):

ADDRESS OF RENTAL UNIT:

Dear Tenant(s),

This is a formal notice to inform you that your tenancy at the above-referenced property is being terminated due to non-compliance with the terms of your lease agreement and/or applicable laws. You are hereby required to vacate and surrender possession of the property to the landlord within the timeframe set forth below.

1. Reason(s) for Eviction:

- Failure to pay rent as required by the rental agreement.
- Violation of lease terms or house rules.
- Illegal activity on the premises.
- Other grounds lawful under State and local law.

2. Cure Period:

You have the right to cure the default and avoid eviction by complying with the lease terms within the period allowed by applicable law. If the default is not cured within that period, legal proceedings will commence.

3. Vacate Date:

You must vacate the premises and return all keys to the landlord on or before the date specified by applicable law and this notice. Failure to vacate may result in legal action to recover possession.

4. Security Deposit:

Any security deposit you have paid will be handled in accordance with applicable law, including deductions for unpaid rent, damages beyond normal wear and tear, and other lawful charges.

5. Legal Rights and Remedies:

This notice is provided pursuant to applicable federal, state, and local laws. If you do not vacate the premises by the required date, the landlord may initiate eviction proceedings in court. You have the right to contest the eviction through the legal process and seek legal counsel.

6. Contact Information:

Landlord/Property Manager Name:

Phone Number:

Email Address:

Please take this notice seriously. Failure to comply with the terms of this eviction notice and timely vacate the premises may result in further legal action and additional costs.

Landlord/Property Manager Signature:

Date: _____

LANDLORD/PROPERTY MANAGER SIGNATURE

TENANT(S) SIGNATURE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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