KANSAS THIRTY (30) DAY NOTICE TO QUIT

TO TENANT(S):	
AND ANY AND ALL OTHER OCCUPANTS IN	POSSESSION OF THE PREMISES LOCATED
AT:	, State: <u>Kansas</u> , Zip Code:
City:	, State: <u>Kansas,</u> Zip Code:
	n possession of the premises have violated ms and conditions of your lease agreement in
Committing the same breach or a s	similar breach of the lease (repeat offense).
	ny payments accepted on or after the date of ny subsequent eviction, nor shall it create or
Please take notice that you and all other or possession of the premises to the undersion	occupants must move out and deliver gned Landlord within thirty (30) calendar days
by the termination date specified above, le	out and deliver possession of the premises egal action may be taken to evict you from the osts for damages to the premises, if any, and as law.
THIS NOTICE IS IN ACCORDANCE WITH K	S Stat § 58-2564.
Dated this day of,	20
(Signature of Landlord)	(Landlord's Printed Name)
(Landlord's Address, City, State, Zip Code)	
(Landlord's Telephone Number)	_

DECLARATION OF SERVICE OF NOTICE TO QUIT

I,	, declare:		
State	n now, and at all times mentioned herein, a citizen of the United States, roof, over the age of eighteen years. I make this down personal knowledge. I am competent to testify to the matters herein	eclaration based	
	, 20, at approximately am/ to Quit to the Premises located at:		
 Kansa	,in s by:	County,	
0	a) personally handing a true and correct copy to the Lease, (hereinafter the "Tenant"); OR	, tenant under	
0	b) personally handing a true and correct copy to, a person of suitable age and discretion who was then resident therein, accepting same on behalf of Tenant, and mailing a copy of the notice addressed to the Tenant; OR		
0	c) posting a copy of the Notice to Quit in a conspicuous place at the pre- being no one of suitable age and discretion located on the premises, copy of the notice addressed to the Tenant.		
I decla	are under penalty of perjury of the laws of the State of Kansas that the foorrect.	regoing is true	
DATE Kansa	O thisday of, 20, in the city ofs.	, state of	
	(Signature)	, Declarant	
	(Print Name)	•	