MICHIGAN SEVEN (7) DAY NOTICE TO QUIT

TO TENANT(S): AND ANY AND ALL OTHER OCCUPANTS IN POSSESSION OF THE PREMISES LOCATED AT:

City: , State: Michigan Zip Code:

PLEASE TAKE NOTICE that you are in default with the terms of your tenancy or your lease agreement for failure to pay rent by the due date set forth. You have seven (7) days to pay your total balance due or vacate the premises.

The Amount of Rent Owed and the Date Each Amount Became Due:

$ Date:

$ Date:

$ Date:

Total Amount of Rent Due: $

If the total balance due for rent is not received within seven (7) days, your tenancy shall terminate and you must vacate the premises by: .

If you and all other occupants fail to pay the rent in full or move out and deliver possession of the premises by the termination date specified above, legal action may be taken to evict you from the premises and to recover all unpaid rent, costs for damages to the premises, if any, and any other remedies available under Michigan law.

# THIS NOTICE IS IN ACCORDANCE WITH [MI Comp L § 554.134](https://law.justia.com/citations.html).

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:

1. I am now, and at all times mentioned herein, a citizen of the United States, resident of the State of , over the age of eighteen years. I make this declaration based on my own personal knowledge. I am competent to testify to the matters herein.
2. On , 20 , at approximately am/pm, I served a Notice to Quit to the Premises located at:

,in County, Michigan, by:

◯ a) personally handing a true and correct copy to , Tenant under the Lease, (hereinafter the “Tenant”); **OR**

◯ 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; **OR**

◯ c) mailing the notice addressed to the Tenant; **OR**

◯ d) sending the notice by electronic service (if agreed to by the parties in writing to such service) to the following electronic service address: .

I declare under penalty of perjury of the laws of the State of Michigan that the foregoing is true and correct.

DATED this day of , 20 , in the city of , state of Michigan.

, Declarant

(PRINT NAME)