

MINNESOTA NOTICE TO COMPLY OR VACATE

TO TENANT(S): _____
AND ANY AND ALL OTHER OCCUPANTS IN POSSESSION OF THE PREMISES LOCATED
AT: _____
City: _____, State: Minnesota, Zip Code: _____

PLEASE TAKE NOTICE that you or others in possession of the premises have violated the terms and conditions of your lease agreement in the following manner:

- Causing Health or Safety Issues.
- Unauthorized Occupants Residing at the Premises.
- Unreasonably Refusing to Allow Landlord Access to the Rental Unit.
- Violating other Terms of the Lease Agreement:

Remedy: Within _____ days, you must remedy the lease violations noted above by doing the following: _____

No Remedy: You and all other occupants must vacate the premises by _____

If you and all other occupants do not comply or fail to 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 Minnesota law.

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 COMPLY OR VACATE**

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 Comply or Vacate to the Premises located at:
_____, in _____ County,
Minnesota, 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 a copy addressed to the Tenant.

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

DATED this ____ day of _____, 20____, in the city of _____, state of Minnesota.

_____, Declarant

(PRINT NAME)