

NOTICE TO QUIT FOR ILLEGAL DRUG ACTIVITY

To: _____
(Tenant's Name)

(Rental Unit Street Address)

(Rental Unit City/State/Zip)

You (tenant) were involved in the following illegal drug activity:

You must move out of the rental unit by _____ (date) at _____ (time) or your tenancy will be terminated and a lawsuit may be filed against you.

Today's Date: _____

Signature of party completing this notice:

Printed Name and Title (i.e. landlord, property manager, etc.):

.....

Tenant's Acknowledgement

On _____ (date) at _____ (time), tenant acknowledged receipt of this notice.

Tenant Signature and Date

.....

Certificate of Service

I certify that I personally served this notice on the following person:

OR

I attempted to make personal service on the tenant(s) named above but no one appeared. I believed tenant(s) to be absent, so I left a copy with someone residing at the rental unit.

OR

I attempted to make personal service on the tenant(s) named above but no one appeared. I believed tenant(s) and all occupants to be absent, so I posted a copy of the notice in a conspicuous place at the rental unit.

Date: _____

Signature of person attempting service:

Printed Name:
