

NOTICE TO COMPLY OR QUIT FOR NON-COMPLIANCE

To: _____
(Tenant's Name)

(Rental Unit Street Address)

(Rental Unit City/State/Zip)

You (tenant) have caused/allowed the following health/safety violations and/or failed to comply with/violated the following provisions of the lease/rental agreement:

If you do not correct the violation(s) by _____ (date), your tenancy will be terminated on _____ (date).

If you correct the violation(s) noted above by the deadline, you will not have to move.

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 mailed a copy of the notice to the tenant via certified or registered mail.

Date: _____

Signature of person attempting service:

Printed Name:
