

NOTICE TO QUIT FOR MATERIAL HEALTH / SAFETY VIOLATION

To: _____
(Tenant's Name)

(Rental Unit Street Address)

(Rental Unit City/State/Zip)

You (tenant) have caused/allowed the following health/safety violations:

You are being asked to leave the premises by _____ (date). If you do not leave, an eviction action may be initiated against you. If you are in doubt regarding your legal rights and obligations as a tenant, it is recommended that you seek legal assistance.

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 to the tenant via certified mail.

OR

I left a copy of the notice at the rental unit/at the tenant's current address.

Date: _____

Signature of person attempting service:

Printed Name:
