LEASE TERMINATION NOTICE TO VACATE

To:	
(Tenant's Name)	_
(Dontal Unit Street Address)	_
(Rental Unit Street Address)	
(Rental Unit City/State/Zip)	
You are hereby notified that I (landlord) elect to end your tenancy at	
	(address
on (date).	
The date of this notice is at least the length of the lease term (for example 7 for week-to-week tenants) prior to the termination date above, or at least 30 to the termination date above, whichever is less. As a result, this notice is in compliance with SD Codified L §43-32-15.	
Upon move out, please notify me of the address to send your remaining sec deposit.	urity
Today's Date:	
Signature of party completing this notice:	
Printed Name and Title (i.e. landlord, property manager, etc.):	

Tenant's Acknowledgement		
On of this notice.	(date) at	(time), tenant acknowledged receipt
	Tenant Siç	gnature and Date
	Certific	ate of Service
☐ I certify that I p	ersonally served this n	otice on the following person:
☐ I certify that I p	ublished a copy of the	notice in the following local newspaper:
OR		
AND left a copy w		tice in a conspicuous place at the rental unit tal unit (if available) AND mailed a copy of the 2 nd attempt only)
Date:		
Signature of perso	on attempting service:	
Printed Name:		