Termination of Oral Week-to-Week Lease

Date....._____
To ......_____
Address ....._____
City, St, Zip ....._____

Dear _____,

Pursuant to Florida Statute §83.57, You are hereby notified that your oral, week-to-week lease is terminated. You must vacate the premises by: _____

_____
Landlord

_____ _____
Street address Signature

_____ _____
City, State, Zip Telephone number

I CERTIFY THAT I DELIVERED THIS NOTICE TO THE ABOVE ADDRESSED PERSON(S) IN THE MANNER INDICATED BELOW ON: _____.
(date)

[ ] Handed to _____, or

[ ] Left at the premises in the absence of tenant(s), and/or

[ ] Sent first class mail (add 5 days to expiration date if mailed only).

Hand delivered or mailed
by: _____
(signature of person who delivered)