Termination of Oral Lease

Date....._____

To ....._____

Address ....._____

City, St, Zip ....._____

Dear Resident.

You are hereby notified that your oral lease is terminated. You must vacate the premises within fifteen (15) days from the date of this notice to wit: _____.

_____ _____
Street address Signature

_____ _____
City, State, Zip Name and title

_____
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)