

GEORGIA DEMAND FOR POSSESSION

Date: _____ (mm/dd/yyyy)

To: _____ (Tenant Name(s))

Rental (Premises) Street Address: _____

Unit #: _____ City: _____ State: Georgia

You are notified that you have violated or failed to perform terms of the lease as follows:

You must surrender possession and vacate the premises within _____ days after service of this notice. If you do not vacate the premises by the date stated below, a dispossessory action may be filed against you.

Date and time by which tenant must vacate:

Date: _____ (mm/dd/yyyy)

Time: _____ (AM | PM)

Landlord / Agent Signature: _____ Printed Name: _____

----- CERTIFICATE OF SERVICE -----

I certify that on _____ (mm/dd/yyyy) I served this notice to
_____ (Tenant / Recipient name) by:

- Delivering it personally to the person in possession of the Premises.
- Delivering it to the Premises to a member of the Tenant's family or household or an employee of suitable age and discretion with a request that it be delivered to the person in possession of the Premises.
- Certified first-class mail addressed to the person in possession of the Premises.

Landlord / Agent Signature: _____