NOTICE TO TERMINATE MONTH-TO-MONTH TENANCY

Tam the: ☐ Landlord ☐ Tenant	
Date: (mm/dd/yyyy) To (Tenant / Landlord Name):	
Rental Address:	
	Unit # (if any):
City:	State:
You are notified that the tenancy signed or	n (mm/dd/yyyy) for the leased
premises listed above is hereby terminated effective (mm/dd/y	
FOR TENANTS ONLY: After I move-out, p	·
	(New Address
On the day of move-out, both the Landlord perform a move-out inspection.	and Tenant(s) should walk through the rental to
. , ,	ities to be turned OFF upon move-out. If the Landlor name, they should inform the Tenant(s) as soon as
Landlord / Tenant Signature:	Printed Name:
CERTIFIC	CATE OF SERVICE
I certify that on (mm	n/dd/yyyy) I served this notice to or Landlord name) by:
\square - Delivering it personally to the personal	on in possession.
☐ - Delivering it to the Premises to a m	nember of the Tenants' family or household or an retion with a request that it be delivered to the
\square - Certified first-class mail addressed	to the person in possession.
Landlord / Tenant Signature:	