**OHIO 30-DAY NOTICE TO QUIT | HEALTH OR SAFETY VIOLATION**

Date: [MM/DD/YYYY]

To: [TENANT NAME(S)]

Rental (Premises) Street Address: [STREET ADDRESS] Unit #: [UNIT# (IF APPLICABLE)]

City: [CITY] State: Ohio

You have violated the law and your rental agreement by engaging in a health or safety violation on the premises listed above as follows:

[DESCRIBE HEALTH OR SAFETY VIOLATION HERE].

Pursuant to § 5321.11, you are hereby notified that your tenancy is terminated on [MM/DD/YYYY] at [HH:MM]  AM |  PM (which is not less than thirty (30) days from the date this notice is served on you). You must move from the premises no later than this date and time. If you have not moved by the date and time indicated on this notice, a lawsuit may be filed to evict you.

Landlord / Agent Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Printed Name: [PRINTED NAME]

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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: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)