TO: _____
TENANTS NAME

_____
ADDRESS

_____
CITY, STATE, ZIP

15 DAY NOTICE FOR POSSESSION OF PREMISES

YOU ARE HEREBY NOTIFIED THAT THE AGREEMENT FOR RENT **(IF APPLICABLE)** OF THE ABOVE NAMED PREMISES IS HEREBY TERMINATED. NO FURTHER RENT WILL BE ACCEPTED.

YOU ARE REQUESTED TO VACATE THE PREMISES WITHIN FIFTEEN (15) DAYS OF THE DATE OF

THIS NOTICE.

_____
SIGNATURE OF LANDLORD/PROPERTY MANAGER

_____
ADDRESS

_____
CITY, STATE, ZIP

DATE OF DELIVERY: _____

METHOD OF DELIVERY: _____ (BY HAND, MAIL, POSTING)