

NOTICE TO CURE/COMPLY OR QUIT

Date: _____ (mm/dd/yyyy)

Rental Address ("Premises"):

Street: _____ Unit # (if any): _____

City: _____ State: _____ ZIP code: _____

This notice is being sent to _____ ("Tenant(s)") and all residents, occupants, and/or subleasees associated with aforementioned Premises.

In accordance with the Lease Agreement and State laws, Tenant(s) is being notified the following violation(s) of your Lease Agreement on _____ (Date of Lease Agreement) have occurred:

Explanation of Violation(s)

The above-described violation(s) are in non-compliance of your Lease Agreement. Within _____ (#) days after receiving this notice, Tenant(s) are required to:

Instructions to Cure

Tenant(s) is required to notify the Landlord by the end of the notice period that the violation has been cured or quit and deliver the possession of the Premises.

Landlord Signature: _____ Printed Name: _____ Date: _____

CERTIFICATE OF SERVICE

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

- Delivering it personally to the person/Tenant(s) 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.
- Certified first-class mail addressed to the person in possession.

Landlord Signature: _____ Date: _____