**Notice to Terminate Tenancy at Sufferance**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREMISES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As OCCUPANT of the above-described PREMISES under a common law tenancy at sufferance, you are hereby notified that OWNER has elected to terminate your occupancy of the PREMISES effective 30 days from the date this notice is served to you, and OWNER hereby demands that you remove from the PREMISES and surrender peaceful possession of the PREMISES to OWNER by said termination date.

You are further hereby notified that acceptance by OWNER of any future payments or other performance by OCCUPANT shall not constitute a waiver or withdrawal of this notice and that OWNER intends to take legal action against you for possession of the PREMISES and recovery of double damages (twice the fair rental value) if you do not vacate by said termination date.

OWNER:

Signature of owner or authorized representative

**Certificate of Service:** The undersigned certifies that a true copy of the foregoing notice was served on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ as follows (only the checked item applies): \_\_\_ by personal delivery to TENANT, or \_\_\_ by personal delivery to a person at least 15 years old residing in the PREMISES, or \_\_\_ by posting on the door of the PREMISES if no one was present at the PREMISES at the time of service.

Signature

The foregoing certificate of service was subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_.

Notary Public