

NOTICE OF LEASE VIOLATION / CURE-OR-QUIT NOTICE

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Landlord

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Tenant

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Property Address

Lease Term Violated

Description of the Violation

Date(s) of the Violation

Deadline to Remedy

3. EXECUTION & SIGNATURES

Landlord

Signature

Full Legal Name

Date
