

State of Florida

LEASE TERMINATION

30-Day Notice to Vacate

_____, 20____

To: _____

Rental Property: _____, City of _____, FL _____

YOU ARE HEREBY NOTIFIED THAT, under the terms of the lease agreement dated _____, 20____ (the "Lease") for the rent and use of the premises listed above now occupied by you:

YOUR TENANCY WILL BE TERMINATED ON _____, 20____ AND YOU HAVE: (Check one)

- 7 DAYS (if rent is paid weekly)
- 30 DAYS (if rent is paid monthly or quarterly)
- 60 DAYS (if rent is paid yearly)

TO VACATE THE PREMISES. **You therefore must deliver possession of the premises to me by** _____:_____ **AM/PM on** _____, **20**____. You are further notified that unless you vacate the premises by such date, legal action may be initiated against you.

THIS IS A: (Check one)

- 7 DAY NOTICE.** (if rent is paid weekly)
- 30 DAY NOTICE.** (if rent is paid monthly or quarterly)
- 60 DAY NOTICE.** (if rent is paid yearly)

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND FLORIDA STATUTES §83.57. NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.

Landlord Signature

Date

Landlord Name: _____

Address: _____, City of _____, State of _____

Phone Number: _____



PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of Florida, that on _____, 20__, I served a true copy of the attached Notice of Termination in the following method:

Personal delivery to _____ at the following address: _____
_____.

Substituted delivery left with/at _____ at the following address: _____
_____.

Posted delivery at the following address: _____
_____.

Registered mail, return receipt requested to _____ at the following address: _____
_____.

Certified mail, return receipt requested to _____ at the following address: _____
_____.

Signed by: _____

Print Name: _____

Date: _____

