## FLORIDA 7-DAY NOTICE TO QUIT FOR NON-COMPLIANCE

, 20		
To:		
Rental Property:	, City of	, FL
YOU ARE HEREBY NOTIFIED THAT, under 20 (the "Lease") for the rent and use of		
YOU ARE CURRENTLY IN VIOLATION (☐ FOLLOWS:		) OF THE LEASE AS
The violation is: (Check one)		
☐ Curable. Demand is hereby made that you ☐ 7 days (the minimum required by ☐ ☐ days (number of days state of receipt of this notice, on or before ☐ and you shall vacate the premises upon such nature is repeated within 12 months, your te without your being given an opportunity to caction may be initiated against you unless y	v law) ted in original lease agreer, 20, or the Le th termination. If this same enancy is subject to termination are the noncompliance. Yo	ment) ease shall be deemed terminated conduct or conduct of a similar ation without further warning and bu are further notified that legal
☐ Incurable. You are advised that the Leas (Check one) ☐ 7 days (the minimum required by ☐ days (number of days stated from the delivery of this notice to vacate the on or before, 20 at be initiated against you unless you vacate the	/ law) ted in original lease agreer premises and must delive : AM/PM. You are	ment) or possession of the premises to me
THIS IS A: (Check one)		
☐ <b>7 DAY NOTICE.</b> (the minimum required be ☐ <b> DAY NOTICE.</b> (number of days st	,	ement)
THIS NOTICE IS PROVIDED TO YOU IN A STATUTES §83.56(2). NOTHING IN THIS N		

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND FLORIDA STATUTES §83.56(2). 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**

State of Florida, that on,	e, declare under penalty of perjury under the laws to 20, I served a true copy of the attached Notice of
Termination in the following method:	
	at the following address:
	at the following address:
	·
	at the following address:
☐ Certified mail, return receipt requested to	at the following address:
Signed by:Print Name:	
Date:	

