

State of Florida

# EVICTION NOTICE 7-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 §83.56(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

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: \_\_\_\_\_

