Commonwealth of Kentucky

NOTICE OF TERMINATION

_____, 20____

То: _____

Rental Address:

YOU ARE HEREBY NOTIFIED THAT, under the terms of: (Check one)

□ Your tenancy (if no original agreement)

□ The Lease Agreement dated _____, 20___

The Rental Agreement dated _____, 20____

□ The Residential Lease Agreement dated _____, 20____

Other: _____

(the "Lease") for the rent and use of the premises listed above now occupied by you:

Your rent for the period from ______, 20___ to _____, 20___ is PAST DUE. Accordingly, you owe the following amounts:

| Rent past due: | \$ |
|-----------------------|----|
| Late fee: | \$ |
| Total Amount Past Due | \$ |

I demand payment in full of the total amount past due within: (Check one)

□ **7 days** (if leased property is one of the following counties: Barbourville, Bellevue, Bromley, Covington, Dayton, Florence, Fayette, Georgetown, Jefferson, Ludlow, Melbourne, Newport, Oldham, Pulaski, Shelbyville, Silver Grove, Southgate, Taylor, Woodlawn)

days (if leased property is in any other county, refer to original lease or rental agreement)

from the date of delivery of this notice. UNLESS PAYMENT IS MADE BY SUCH DATE, THE LEASE WILL BE TERMINATED AND YOU MUST VACATE THE PREMISES. You are further notified that unless you pay the total amount past due or vacate the premises by such date, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND KENTUCKY REVISED STATUTES § 383.660. 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. Signature

Date

Landlord's Contact Information: Name: _____

Address: _____

Phone Number: _____

PROOF OF SERVICE

| Commonwealth of Kentucky, that on | declare under penalty of perjury under the laws of the, 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: | |