State of Maine

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:

YOU ARE CURRENTLY IN VIOLATION (of Section) OF THE LEASE AS
FOLLOWS:	

The violation is: (Check one)

□ Curable. Demand is made that you remedy the violation within thirty (30) days from the date of delivery of this notice or the tenancy will be terminated and you must vacate the premises. You are further notified that unless you correct the violation or vacate the premises, legal action may be initiated against you.

□ Incurable. The tenancy is hereby terminated and you must vacate the premises and deliver possession of the same to me within thirty (30) days from the date of this notice. You are further notified that unless you vacate the premises, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND MAINE REVISED STATUTES, TITLE 14, CHAPTER 709, SUBCHAPTER 1. 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

Landlord's Contact Information: Name: ______ Address: ______ Phone Number: _____

PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, of State of Maine, that on, 20, 20 Termination in the following method:	leclare under penalty of perjury under the laws of the _, I served a true copy of the attached Notice of
Personal delivery to	
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: _____