State of Mississippi

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 fourteen (14) 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 fourteen (14) 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 MISSISSIPPI CODE § 89-8-13. 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

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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 Mississippi, 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:	