

# RHODE ISLAND 20-DAY EVICTION NOTICE TO QUIT FOR NON-COMPLIANCE

\_\_\_\_\_, 20\_\_

To: \_\_\_\_\_

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 ( of Section \_\_\_\_\_) OF THE LEASE AS FOLLOWS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Demand is made that you remedy the violation within twenty (20) days from the date of this notice or the tenancy will be terminated and you must vacate the premises within twenty-one (21) days from the date of this notice.** You are further notified that unless you correct the violation or vacate the premises, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND RHODE ISLAND GENERAL LAWS § 34-18-36. 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

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of Rhode Island, 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: \_\_\_\_\_